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**COUNTY BOROUGH OF SWANSEA**

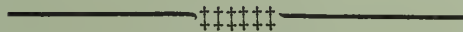
**ANNUAL REPORT**

of the

**Medical Officer of Health**

**FOR THE YEAR**

**1962**









**COUNTY BOROUGH OF SWANSEA**

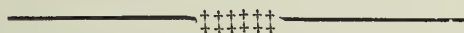
**ANNUAL REPORT**

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**1962**



**The Medical Officer of Health  
Public Health Dept.,  
The Guildhall,  
Swansea.**

**Tel No. Swansea 50821**



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To The Mayor, Aldermen and Councillors  
of the County Borough of Swansea.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to submit my Annual Report for the year 1962 in accordance with Circular 1/63, dated January, 1963.

The Report follows the same lines as that of previous years, and where there have been changes in the work administered by the Department, this is recorded in the main body of the Report.

I am pleased to state that the general health standard of the community remains satisfactory, although I am concerned with the continued high number of deaths from cancer of the lung and cardiac conditions. No major outbreaks of infectious disease occurred. During the first four months of the year, there were smallpox outbreaks in parts of the country. No case occurred in our area, but there were many in adjacent areas, and naturally the Department was under heavy and continued pressure regarding vaccination, etc. The problem was not so acute in comparison with those areas where there were notified cases, but nevertheless, it called for tremendous efforts from our staff, and I am most grateful to them for their untiring efforts. During this time, the general practitioners in the area worked under most difficult conditions, and it is only proper that I should pay them a warm tribute for the way they carried on. Despite the advice given to the public by means of Press, Television and Radio, that there was no need for general vaccination of the population, the demand for vaccination remained extremely heavy, and the family doctors had to work under exceptional stress. I do not propose to deal with this outbreak in detail, as this has been reported officially by the Ministry of Health, but a few more details of local interest will be found in the section of my report dealing with smallpox vaccination.

With regard to general statistics, the mid-year population estimated by the Registrar General, was 169,180, which is an increase of 1,790 on that of the previous year. This is the highest figure recorded for this Authority.

In common with experience throughout the country, there was an increase in the live birthrate from 16.6 per thousand population in 1961 to 16.9 per thousand population in the year under review. The corresponding figure for England and Wales was 18.0 per thousand population.

The stillbirth rate was 20.85 per thousand total live and stillbirths as compared with 25.59 for the previous year and 18.1 for England and Wales in the year under review.

The total number of deaths registered was 2,162, and this is higher than the number registered in the previous year, which was 2,052. The uncorrected death rate per thousand population was 12.8, and the corresponding figure for England and Wales 11.9.

There was an increase in the number of deaths from tuberculosis in the year, namely 17 pulmonary deaths and 5 non-pulmonary, compared with 14 pulmonary deaths in the previous year. The number of persons who died from cancer of the lung was 76 and this showed a reduction of 16 in comparison with the previous year. Nevertheless this disease remains a very serious problem.



The infant mortality rate for this year, that is the total infant deaths per thousand total live births, rose from 21 to 24, while the national rate fell from 21.6 to 20.7. This rise is disappointing in view of the steady fall since 1957, although there were similar small increases between 1954 and 1955 and between 1956 and 1957. It underlines the constant need to keep the whole maternity service under review and to miss no opportunity to improve the co-ordination of the three parts of the service.

Unfortunately, one mother died in childbirth.

I am happy to report that our first purpose-built Home for the Aged was opened on the 5th December. It is situated in pleasant surroundings in the Penlan district of the town, and has been called "Rose Cross House" in honour of His Worship The Mayor, Alderman Mrs. Rose Cross, J.P., the first Lady Mayor of the town, a member of the Health Committee since 1939, and to record permanently the great interest she has always shown in the welfare of the elderly. With the opening of this Home, it has been possible to close down one of two blocks of accommodation used by the Department at Mount Pleasant Hospital. There now remains a block with 35 beds together with 8 emergency beds, and it is hoped to vacate this accommodation as soon as our financial resources permit.

#### Development of Local Authority Health and Welfare Services.

In January, the Ministry issued a Circular in connection with the above matter, drawing the attention of the Council to a Command Paper entitled "A Hospital Plan for England and Wales" (Cmd. 1604) which set out a long term plan for the development of hospitals over the next decade, within the framework of the National Health Service as a whole.

The Document contains a section on care in the community, and deals with the local authority services. This emphasises that where illness or disability cannot be forestalled by preventive measures, care at home and in the community rather than in hospital, should always be the aim except where there is a need for diagnosis, treatment, and care of a type which only a hospital can provide. The plan for the development of the hospital service is therefore complementary to the local authority plan, and an expansion of community services has been assumed in making an assessment of the hospital provision.

In view of this, the Minister asked the Council to plan its health and welfare services over the next ten years. In making the plan, it would be necessary to have regard to what the other sections of the National Health Service were doing as well as the voluntary organisations. Joint consultations would be essential at all times.

Accordingly, it has been a year of re-appraisal and the Plan submitted for the consideration of the Committee was based on the following general considerations:-

1. the modification of functions of individual members of the professional staffs as the need arises.
2. whenever possible, the joint use of staff and premises.
3. to make full use of the practice of concentrating our efforts on persons known to be at risk of disease and disability, and the continual development of tests which will assist in the early detection of disease.

4. the possibility of allowing certain sections of the staff to specialise in order to deal with population groups with special needs and risks.
5. that all patients discharged from hospitals are followed up in conjunction with the Consultant and general practitioner.
6. that maximum use will be made of voluntary organisations and their staffs in the prevention of illness, community care and after-care.
7. that the ratio of staff employed and the accommodation required to provide the services will be continually reviewed in the light of existing circumstances.
8. Research studies - either by co-operation with other bodies or initiated by the local authority.

The main features of the plan were as follows:-

Maternity and Child Welfare - provision of eight new centres.

Health Visiting Service }  
District Nursing Service } - providing for an increased number of staff.

Ambulance Service - increasing the number of ambulances and personnel.

Care of the Elderly - provision to be made for special housing and special clinics.

Mental Health - the provision of two new adult training centres, one for males, the other females; two hostels for the mentally subnormal; six hostels for the mentally ill; and a sheltered workshop for the mentally ill.

Domestic Help Service - providing for an increased number of helps.

Residential Accommodation for the Aged - the provision of five New Homes.

To assist in the preparation of Capital Schemes, the Minister sent Local Authorities the first three of building notes which deal with costing and building procedures, residential accommodation for elderly people, and local health authority clinics. Others to follow will be on junior and adult training centres, hostels for the mentally sub-normal and ambulance stations. The Ministry's guidance was sent to help local authorities in planning the extension of their health and welfare services, by introducing simplified procedures for agreeing costs and obtaining loan sanction so that schemes can go ahead with as little delay as possible. As a result of the simplified procedures, local authorities will be relieved of the need to submit sketch plans and other detailed information of building projects which conform to the standards of costs defined in the building notes.



The building notes are based on studies which have been made by the Ministry of a considerable number of health and welfare buildings built by local authorities in recent years. They contain general advice on design, lay-out and other technical features, together with diagrams illustrating principles which are important in the planning of these buildings. Minimum area standards and maximum costs have been fixed and this should leave local authorities considerable scope for movement in both design and cost. Once a project has received the Ministry's approval in principle, the agreed total cost will become the cost limit for the scheme within which figure the authority will be expected to design and construct the building. After considering the authority's programmes and their submissions on individual schemes, the Ministry will tell each authority for which schemes the Minister will be prepared to recommend loan sanction and will indicate in which year he expects to be able to do this, together with the agreed cost limit for the scheme. The Minister's guidance is very welcome and will enable the Authority to proceed much more quickly with any of the capital programmes that they have in mind.

The plans for each authority have now been collated and published as a Command document. This has enabled authorities to make comparisons of their services, and as there is to be an annual review, it will help each authority to make adjustments in its services, which it is hoped will meet the full needs of the community in due course.

A perusal of this Report will indicate the broad field of activities of the Department, and these embrace the health, welfare and happiness of every member of the community, from the newly born to the oldest inhabitant. Accordingly, I have had to rely heavily on my staff for their help and support, and this I freely acknowledge. I am most grateful to them, as I am to the staffs of other departments, the members of the Health Committee, and my medical and professional colleagues in the other branches of the National Health Service.

In conclusion, I would like to pay a special tribute to the many voluntary workers of the local voluntary organisations, who so willingly, courteously and ably assist the department in its effort to provide for the comfort of the citizens of this town.

I am, Ladies and Gentlemen,  
Your obedient Servant,

E. B. MEYRICK.

Medical Officer of Health.

December 1963.

SECTION I.

HEALTH COMMITTEE.

Constitution 1962/63.

His Worship the Mayor, \*  
Alderman Mrs. R. Cross J.P.

Chairman - Alderman D.F. Bevan \*  
Vice-Chairman - Councillor A.L. Reed \*

Alderman P.W. Park *	Councillor Mrs. M. Hathaway
" S.A. Presley	" Mrs. E. Jones *
" C.H. Thomas	" W.G.H. Luff *
Councillor R.H. Andrews *	" A. Morgan *
" R.H. Crimp	" H.F. Strawford *
" V.R. Davies	" D.M. Williams
" Mrs. R.S. Evans *	
(pro tem for Mayor)	

\* Members of the Standing Sub-Committee

BLIND WORKSHOPS SUB-COMMITTEE.

His Worship the Mayor,  
Alderman Mrs. R. Cross J.P.

Chairman - Alderman D.F. Bevan  
Vice-Chairman - Councillor A.L. Reed

Alderman P.W. Park	Councillor Mrs. R.S. Evans
" C.H. Thomas	" H.F. Strawford

Members of Glamorgan County Council

County Alderman G. Thomas  
" Councillor A.W. Harris J.P.  
" " J. Shea



SECTION II.

COUNTY BOROUGH OF SWANSEA

Public Health Officers.

Medical Officer of Health.

E.B. Meyrick, M.R.C.S., (Eng.), L.R.C.P. (Lond.), D.P.H.

Deputy Medical Officer of Health.

D.E. Donald, M.B., Ch.B., (Glasgow), D.P.H.

Lay Administrative Officer.

S.F. Fisher, A.R.S.H.

Medical Staff.

Whole-time Assistant Medical Officers.

R.G. Richards, M.R.C.S., L.R.C.P.  
M.R. Davies, M.B., B.Ch., M.R.C.S., L.R.C.P.  
G.J. Lowe, M.R.C.S., L.R.C.P.  
M.A. Tait, M.B., Ch.B. (Resigned 20.5.62)  
M. Williams, M.B., B.Ch., D.C.H.  
J. Salmon, M.B., B.Ch. (Resigned 15.2.62)  
J.T. Roberts, M.B., B.S., D.P.H. (Commenced 1.1.62)  
E. Hudson, M.B., Ch.B., (Commenced 13.6.62)

Part-time Assistant Medical Officers.

G.N. Ellis, M.B., B.S.  
E.J. Jenkins, M.B., B.Ch. (Commenced 19.9.62)

Consultants

Chest Physician	- T.W. Davies, B.Sc., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.
Gynaecologist	- Vyvyan Davies, M.D., M.B., B.S., M.R.C.S., L.R.C.P., F.R.C.S. D.R.C.O.G.
Ophthalmologist	- F.G. Hibbert, M.B., F.R.C.S., D.O.M.S.
Orthopaedic Surgeons	- G.D. Rowley, B.Sc., M.B., M.C. Mervyn Evans, F.R.C.S.
Paediatrician	- R.T. Jenkins, M.R.C.S., M.R.C.P., D.C.H.
Child Psychiatrist	- J. McDonald, M.A., M.B., Ch.B., D.P.M.
Geriatrician	- T.F. McCarthy, M.D., B.Sc., M.R.C.P.
Orthodontist	- H.L. Parry, L.D.S., R.C.S.

Dental Staff - Whole-time.

Principal School Dental Surgeon	- J.F. Herbert, L.D.S.
Senior Assistant Dental Surgeon	- H. Care, L.D.S., R.C.S. (Resigned 11.8.62)
Assistant Dental Surgeon	- C.A. Wilson, B.D.S. (Commenced 1.1.62) (Resigned 28.4.62)

Dental Staff - Part-time.

Assistant Dental Surgeons	- Mrs. G. Rees, B.D.S. L.D.S. (Commenced 7.12.62)
	- R.M. Thompson, L.D.S., R.C.S. (Commenced 20.11.62)
	- Mrs. B.A. Thompson, L.D.S., B.C.H.D. (Commenced 26.11.62)

Dental Attendants.

Miss M. Ellis  
" M. Parker

Miss M.E. Phillips

Consulting Veterinary Surgeon.

D.E. Pugh, M.R.C.V.S.

Public Analyst

L.E. Coles, B.Pharm., Ph.D., F.P.S., F.R.I.C.

Deputy Public Analyst.

R.H. McKinley, F.R.I.C.

Public Health Inspection.

Chief Public Health Inspector.

D.F. Jones, C.R.S.I., Meat & Other Foods Certificate

Deputy Chief Public Health Inspector.

D.H. Jones, C.R.S.I., Meat & Other Foods Certificate

Food Preparation Officer.

W. Strawbridge, C.R.S.I., Meat & Other Foods Certificate

Assistant Public Health Inspectors.

O.G. Davies,	C.R.S.I., Meat & Other Foods Certificate	
I.J. Lambe,	" " " "	"
R.D. Thomas	" " " "	"
R.E. Thomas	" " " "	"
R.L. Thomas	" " " "	"
D.J. Williams	" " " "	"
G. Phillips	" " " "	"
D.L. Williams	" " " "	"
R.G. Kirby	"	
J.W.J. Griffiths	"	
J.D.T. Concannon	" (Resigned 29.12.62)	
J.D. Miles	" (Commenced 2.7.62)	

(Resigned 23.3.62)

Slum Clearance Assistant.

D. Havard

Disinfestation Officer.

S.R. McCullum

Health Visitors and School Nurses.

Superintendent Health Visitor and School Nurse.

Mrs. M.E.I. Richards, S.R.N., S.C.M., H.V.C. (Deceased 17.6.62)  
Miss E.K.M. Williams, S.R.N., S.C.M., H.V.C. (Commenced 19.7.62)

Chief Assistant Health Visitor and School Nurse.

Miss E.K.M. Williams, S.R.N., S.C.M., H.V.C. (see above)  
Miss G.E. Oakley, S.R.N., S.C.M., H.V.C. (Commenced 8.10.63)

### Health Visitors and School Nurses.

Miss N.L. Allen	S.R.N., S.C.M., H.V. Cert., Orth. Cert.
Miss E.A. Davies	S.R.N., S.C.M., H.V. Cert. (Resigned 11.11.62)
Mrs. G.M. Evans	S.R.N., H.V. Cert., T.A. Certificate.
Mrs. G.A. Ellis	S.R.N., S.C.M., H.V. Cert.
Miss E. Griffiths	S.R.N., S.C.M., H.V. Cert.
Mrs. R.M. Taylor	S.R.N., S.C.M., H.V. Cert.
Miss B.M. John	S.R.N., S.R.F.N., S.C.M., H.V. Cert.
Mrs. G.O.J. Davies	S.R.N., S.C.M., H.V. Cert.
Miss E. Knapp	S.R.N., S.C.M., H.V. Cert.
Mrs. N.B. Llewellyn	S.R.N., S.C.M., H.V. Cert.
Miss G.E. Oakley	S.R.N., S.C.M., H.V. Cert. (Promoted 8.10.62)
Miss E. Richards	S.R.N., S.C.M., H.V. Cert.
Mrs. M.G. Roberts	S.R.N., S.C.M., H.V. Cert.
Miss M. Thomas	S.R.N., S.C.M., H.V. Cert.
Miss M. Walters	S.R.N., S.C.M., H.V. Cert.
Miss M. Williams	S.R.N., S.C.M., T.A. Cert., H.V. Cert.
Miss E. Evans	S.R.N., S.C.M., H.V. Cert.
Mrs. E.E. Matthews	S.R.N., H.V. Cert. (Resigned 2.6.62)
Miss M.M. Evans	S.R.N., H.V. Cert.
Mrs. M. Dark	S.R.N., S.C.M., H.V. Cert.
Miss B.M. Williams	S.R.N., H.V. Cert.
Miss L. Jenkins	S.R.N., S.C.M., H.V. Cert.
Miss S.S. Bowen	S.R.N., S.C.M., Q.N., H.V. Cert.
Mrs. O.M. Lewis	S.R.N., S.C.M., H.V. Cert.
Miss M.R. Clapton	S.R.N., S.C.M., H.V. Cert.
Miss E.S. Hopkins	S.R.N., S.C.M., H.V. Cert.
Miss M.M. Beynon	S.R.N., S.C.M., H.V. Cert.
Miss E.M. Rees	S.R.N., S.C.M., H.V. Cert.

### Clinic Nurses.

Miss B.J.G. Halling	S.R.N.
Miss G.E. Thomas	S.R.N., S.C.M., T.A. Cert.
Mrs. P.E. Thomas	S.R.N.
Miss E.O. Pierce	S.R.N., S.C.M., S.R.C.N.
Miss A. Probert	S.R.N., O.N.D. (Resigned 12.10.62)
Miss M. Ace	S.R.N., Q.N.
Mrs. E. Anthony	S.R.N.
Mrs. M.J.C. Rees	S.R.N.
Miss A.E. Nicholson	S.R.N. (Commenced 1.3.62)
Miss E.C. Williams	S.R.N. (Commenced 1.3.62)



Municipal Midwifery Service.

Medical Supervisor of Midwives.

G.N. Ellis, M.B., B.S.

Lay Supervisor of Midwives.

Miss M.A. Arthur, S.R.N., S.C.M.

Assistant Lay Supervisor of Midwives.

Mrs. F.S.M. Humphreys, S.R.N., S.C.M. (Commenced 22.2.62)

Full-time District Midwives.

Mrs. A.M. Bidmead	S.R.N., S.C.M.
Mrs. L. Bevan	S.C.M.
Mrs. M. Edwards	S.R.N., S.C.M.
Mrs. V.G. Evans	S.R.N., S.C.M.
Mrs. F.S.M. Humphreys	S.R.N., S.C.M. (Promoted to Assistant Lay Supervisor 22.2.62)
Mrs. L.M. Morgan	S.C.M.
Miss M. Davies	S.R.N., S.C.M.
Miss B.M. Thomas	S.C.M.
Miss H.A. Thomas	R.M.N., S.C.M.
Mrs. D.M. Griffiths	S.R.N., S.C.M., R.F.N.
Mrs. N. Maunder	S.R.N., S.C.M.
Mrs. M. Minchella	S.R.N., S.C.M.

District Nursing Service.

Superintendent District Nurse.

Mrs. I.M. Williams, S.R.N., S.C.M., Q.N., H.V. Cert.

Deputy Superintendent District Nurse.

Miss A.B.A. Collins, S.R.N., S.C.M., Q.N., M.T.D.

Full-time District Nurses.

Mrs. B.A. Abraham	S.R.N., S.C.M., R.F.N.
Mrs. E.E. Evans	S.R.N.
Miss D.A. Hughes	S.R.N., S.C.M., Q.N.
Miss M.A. James	S.R.N., S.C.M., Q.N. (Retired 18.8.62)
Mrs. B.S. Jones	S.R.N., C.M.B. (Pt. 1) Q.N. (Resigned 15.12.62)
Mrs. E.B.E.A. Jones	S.R.N., Q.N.
Mrs. F.I. Jones	S.R.N., Q.N. (Resigned 28.12.62)
Miss I.M. King	S.R.N., R.F.N., Q.N.
Mrs. P.G. Prangle	S.R.N.
Mrs. E.O. Rowsell	S.R.N., S.C.M., Q.N.
Mrs. M.E. Ridler	S.R.N.
Miss R. Cuff	S.R.N., S.C.M., Q.N.
Mrs. E. Daniels	S.R.N., S.C.M., Q.N.
Mrs. E.E. Smith	S.R.N., S.C.M., Q.N.
Mrs. R. Davies	S.R.N., S.C.M., Q.N. (Commenced 12.3.62)
Miss R.M. Fry	S.R.N., S.C.M., Q.N. (Commenced 10.1.62)
Mrs. G. Gibbs	S.R.N., R.F.N., T.A. Cert. (Commenced 8.10.62)
Mrs. A.M. Norling	S.R.N. (Commenced 4.11.62)
Mrs. H.E. Thomas	S.R.N. (Resigned 31.12.62)
Miss J. Davies	S.R.N., S.C.M., R.F.N., Q.N.
Mrs. S.C. Evans	S.R.N., S.C.M., Q.N. (Resigned 15.1.62)
Mrs. G. Davies	S.R.N., S.C.M., Q.N.
Mrs. E.M. Karklins	S.R.N.

Mental Health Services.

Miss G.M. John, S.R.N., S.C.M., H.V. Cert.	Supervising and Authorised Officer
Miss E. Lloyd, S.R.N.	Supervising and Authorised Officer
L.J. Coupland, S.R.N., Q.N.	Supervising and Authorised Officer
T.J. Hopkin	Trainee Supervising and Authorised Officer
A.J. Penhorwood	Superintendent - Industrial Centre
Miss G. Evans	Superintendent - Occupation Centre
Miss M.T. Hynam	Assistant Superintendent, Occupation Centre.
Mrs. F.M. Birchenough	do. do.
Miss A. Booker	do. do. (Deceased 15.2.62)
Mrs. G. Evans	do. do.
Miss D.Y. Hart	do. do. (Commenced 3.9.62)
Miss G.M. Lloyd	do. do. do. do.
Miss M.A. Davies	Trainee do. do. do. 8.1.62)
K.J. Johnson, S.R.N.	Assistant Superintendent, Industrial Centre
A.S. Trick	do. do.
W.J.P. Tucker	do. do.

Residential Accommodation - Homes for Aged and Infirm.

W. Powell	- Warden
G.J. Milton	- Warden (Commenced 22.10.62)
Miss E. Bamford, S.R.N., S.C.M., Q.N.	- Warden, Female Homes
Miss V. Griffiths	- Handicraft Instructress

Welfare Officers

E.H. Davies  
T.B. Bevan

Blind Welfare Officer.

Miss M.M. Holt

Home Teachers for the Blind.

Miss E.M. Walters  
A.R. Lloyd, M.A.

Administrative and Clerical.

Assistant Lay Administrative Officer.

J.H. Smith, A.C.C.S., A.I.S.W.

Administrative Assistants.

General Health - S.G. Williams  
Combined Health and - F. Thomas, D.M.A.  
School Health Service  
Welfare - J.D. Evans, A.I.S.W.  
Finance - H.G. Austin

Clerks.

G.A. Hoskins  
Miss E. Crabbe  
D.W. Davies  
Miss D.L. Davies  
" M.H. Davies  
" K. Eaton  
" V.M. Evans (Resigned 21.9.62)  
" G. Fowler  
R.E. Grey  
K. Harrison  
Mrs. A.M. Harry  
D.L. Hoskins (Commenced 5.11.62)  
J. Abraham (Commenced 1.1.62)  
Miss E.G. Luff  
W.J.T. Jenkins (Commenced 30.4.62)  
Miss R. Pallett (Retired 4.11.62)  
T.H. Jones (Commenced 19.3.62)  
J.G. Phillips  
R. Holley (Resigned 21.4.62)  
H. Powell  
Y. Morcom (Commenced 24.9.62)  
J. Price  
C. Thomas (Resigned 21.4.62)  
S.E. Roberts (Commenced 17.9.62)  
Miss L.M. Taylor  
" N. Thomas  
" A.M. Sharp (Commenced 24.9.62)  
C.E. West  
A.H. Wooles  
G.E. Williams (Commenced 16.5.62)  
P. Marris  
P. Roe  
N. Lodwick  
P.F. Davies  
Miss M.J. Perinton  
Miss S. Yeates (Resigned 14.9.62)  
" D. Davies  
J. Thomas (Resigned 16.3.62)  
M. Williams  
J. Griffiths  
Miss P.G. Beynon  
" D.K. Evans (Resigned 31.7.62)  
C. Stewart (Commenced 12.2.62, Resigned 4.11.62)

Stenographers.

Miss G. Bevan  
" R.R. Cole  
" R.H. Webb  
Miss R.A. Davies  
" J. Blackmore  
Mrs. J. Jones (Temporary)

Storekeeper

H.J. Irwin

Speech Therapists.

Miss F.B. Price

SECTION III.

GENERAL AND VITAL STATISTICS.

Area of Borough in acres, excluding foreshore	...	21,600
" " " " " including foreshore	...	24,241
Population 1961 Census	...	166,740
" Mid 1962 Registrar General's Estimate	...	169,180
Density of population per acre, excluding foreshore	...	7.8.
Rateable Value - 1st April, 1962	...	£2,446,907
Penny Rate Product - 1961/62	...	£9,934. 5. 1d.



# VITAL STATISTICS 1953 - 1962.

The vital statistics in lines 1 - 15 inclusive are given in the following form at the suggestion of the Ministry as it will facilitate comparisons between various authorities.

Reference is made in these statistics to "perinatal mortality"; it is the rate obtained by adding the stillbirths and deaths of infants under 7 days and expressing that sum as a rate per 1,000 total live and stillbirths. It is argued that this rate is better able to express the efficacy of our M. & C. W. services than the separate infant death and stillbirth rates.

	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
1. LIVE BIRTHS - Number	2,447	2,381	2,357	2,547	2,612	2,706	2,731	2,738	2,779	2,864
2. " - rate per 1,000 population	15.2	14.7	14.6	15.8	16.0	16.6	16.7	16.5	16.6	16.9
3. Illegitimate live births per cent of total live births	3.5	2.9	2.8	3.1	3.5	3.5	3.2	3.3	3.8	4.4
4. STILLBIRTHS - Number	55	62	64	68	80	82	71	55	73	61
5. " - rate per 1,000 total live and still births	21.98	25.38	26.43	26.00	29.72	29.41	25.34	20.08	25.59	20.85
6. Total live and still births	2,502	2,443	2,421	2,615	2,692	2,788	2,802	2,738	2,852	2,925
7. Infant deaths (deaths under one year) - number	84	63	68	71	79	77	66	59	58	69
8. Infant mortality rate - total infant deaths per 1,000 total live births	34	26	29	28	30	28	24	22	21	24
9. Infant mortality rate - legitimate infant deaths per 1,000 legitimate live births	32.6	25.5	28.8	27.5	28.5	28.3	23.4	15.7	20.95	16.82
10. Infant mortality rate - illegitimate infant deaths per 1,000 illegitimate live births	81.4	57.1	30.3	37.5	76.1	31.9	44.0	21.2	18.9	31.0
11. Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)	20.8	16.4	19.5	22.4	21.05	21.8	17.06	16.04	15.8	17.11
12. Early Neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	15.5	13.8	16.2	19.2	16.8	18.4	13.9	12.4	14.7	24.09
13. Peri-natal mortality rate (combined still-births and deaths under one week per 1,000 total live births and still-births)	37.17	38.88	42.13	44.74	46.06	47.34	38.89	35.8	39.97	37.36



	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
14. Maternal mortality (including abortions) - number of deaths	1	-	1	4	2	1	3	3	-	1
15. Maternal mortality - rate per 1,000 total live and still-births	0.40	-	0.41	1.53	0.74	0.36	1.07	1.07	-	.38
16. Population	160,700	161,500	161,300	161,700	162,300	163,300	164,200	165,560	167,560	169,180
17. Legitimate live births	2,361	2,311	2,291	2,467	2,520	2,612	2,642	2,644	2,673	2,735
18. Illegitimate live births	86	70	66	80	92	94	89	94	106	129
19. Legitimate still births	53	60	61	63	73	79	69	53	68	56
20. Illegitimate still births	2	2	3	5	7	3	2	2	5	5
21. Legitimate infant deaths	77	59	66	68	72	74	62	43	56	46
22. Illegitimate infant deaths	7	4	2	3	7	3	4	2	2	4
23. Neo-natal deaths total (first four weeks)	51	39	46	57	55	59	48	45	44	49
24. " " legitimate (first four weeks)	45	36	46	54	50	56	45	43	42	46
25. " " illegitimate " " "	6	3	-	3	5	3	3	2	2	3
26. Deaths over one and under five years	17	17	14	5	9	8	12	10	9	9
27. Deaths - all ages - total	1,988	2,069	2,147	2,065	2,058	2,055	1,979	2,114	2,052	2,162
28. " " - male	1,079	1,150	1,186	1,094	1,137	1,073	1,066	1,132	1,125	1,166
29. " " - female	909	919	961	971	921	982	913	982	927	996
30. Death rate per 1,000 population	12.4	12.8	13.3	12.7	12.6	12.6	12.5	12.8	12.3	12.8

MAIN CAUSES OF DEATH SUPPLIED BY THE REGISTRAR GENERAL. CLASSIFIED ACCORDING TO AGE GROUPS  
AND SEX.

Short List No.	Sex	AGE GROUPS							Total in Sexes	Total each Cause
		Under 1	1-	5-	15-	25-	45-	65-	75-	
1.	M	-	-	-	-	1	5	4	3	17
	F	-	-	-	-	-	2	1	1	4
2.	M	-	-	-	1	-	1	1	-	5
	F	-	-	-	-	-	1	-	1	2
3.	M	-	-	-	-	1	1	-	-	2
	F	-	-	-	-	-	-	-	-	-
4.	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
5.	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
6.	M	1	-	-	-	-	-	-	-	1
	F	-	-	-	-	-	-	-	-	-
7.	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
8.	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
9.	M	-	-	-	-	-	1	-	-	2
	F	-	-	-	-	-	-	-	-	-
10.	M	-	-	-	-	1	12	13	6	68
	F	-	-	-	-	1	11	10	14	36
11.	M	-	-	-	-	-	30	32	11	76
	F	-	-	-	-	1	1	-	1	3
12.	M	-	-	-	-	2	19	10	10	41
	F	-	-	-	-	-	-	-	-	-
13.	M	-	-	-	-	1	14	4	3	22
	F	-	-	-	-	-	-	-	-	-
14.	M	-	1	-	4	4	25	34	21	89
	F	-	-	-	1	5	32	22	22	82
15.	M	-	-	1	-	-	1	3	2	7
	F	-	-	-	-	-	1	-	-	1
16.	M	-	-	-	-	-	2	2	3	7
	F	-	-	-	-	-	-	5	2	7
17.	M	-	-	1	-	1	29	42	51	124
	F	-	-	-	-	3	24	52	117	196
Totals		1	1	2	5	8	107	131	97	352
C/Fwd.		-	-	-	1	13	106	104	171	395
747.										





DEATHS OF INFANTS UNDER 1 YEAR BY SEX. CAUSE GROUPS  
AND AGE AS SUPPLIED BY THE REGISTRAR GENERAL.

Cause Group (I.S.C. Nos. in brackets).	S E X	Under 1 day	1-6 days	1 week	2 weeks	3 weeks	Total under 4 weeks	1-2 months	3-5 months	6-8 months	9-11 months	Total under 1 year
1. Meningococcal Infections (057)	M F	1 -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	1 -
2. Haemorrhagic Conditions (295, 296, 771)	M F	- -	- 1	- -	- -	- -	- 1	- -	- -	- -	- -	- 1
3. Inflammatory Diseases of Central Nervous System (340-343)	M F	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	1 -
4. Pneumonia (490-493, 763)	M F	- -	- -	- -	1 -	- -	1 -	2 2	- -	- -	- -	3 2
5. Bronchitis (500-502)	M F	- -	- -	- -	- -	- -	- -	- -	1 1	2 1	- -	3 2
6. Gastro-Enteritis (571, 764)	M F	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	1 -
7. Spina Bifida and Meningocele (751)	M F	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- 1	1 1
8. Congenital Hydrocephalus (752)	M F	- 1	1 -	- -	- -	- -	1 1	- -	- -	- -	- -	1 1
9. Congenital Malformations of Heart (754.0-754.5)	M F	1 -	1 -	- -	- 1	- -	2 1	1 -	- -	- -	- -	3 1



DEATHS OF INFANTS UNDER 1 YEAR BY SEX, CAUSE GROUPS  
AND AGE AS SUPPLIED BY THE REGISTRAR GENERAL (CONT'D).

Cause Group (I.S.C. Nos. in brackets).	SEX	Under 1 day	1-6 days	1 week	2 weeks	3 weeks	Total under 4 weeks	1-2 months	3-5 months	6-8 months	9-11 months	Total under 1 year
10. Congenital Malformations of Genito-Urinary System (757)	M F	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	1 1
11. Other Congenital Malformations (Rem. of 750-759)	M F	- 1	1 -	- -	- -	- -	1 1	1 -	- -	- -	- -	2 1
12. Injury at Birth (760, 761)	M F	2 2	3 1	- -	- -	- -	5 3	- -	- -	- -	- -	5 3
13. Post-Natal Asphyxia and Atelectasis (762)	M F	6 1	1 2	- -	- -	- -	7 3	- -	- -	- -	- -	7 3
14. Haemolytic Disease of Newborn (770)	M F	- 2	- -	- -	- -	- -	- 2	- -	- -	- -	- -	- 2
15. Immaturity (774, 776)	M F	6 2	5 2	- -	1 -	- -	12 4	- -	- -	- -	- -	12 4
16. All other Causes	M F	1 -	2 -	- -	- -	- -	3 -	1 -	1 -	1 1	- -	6 1
Total all Causes	M F	17 9	14 6	- -	2 1	- -	33 16	6 2	3 1	3 2	2 1	47 22

26 20

46

NUMBER OF DEATHS OF CHILDREN UNDER FIVE YEARS OF AGE,  
AND THE RATE PER 1,000 PERSONS ALIVE FOR THE PERIOD.

1953 - 1962.

Year	Number of Deaths			Popul- ation	Rate per 1,000 population
	Under 1 year	One and under 5	Total		
1953	84	17	101	160,700	0.6
1954	63	17	80	161,500	0.5
1955	68	14	82	161,300	0.5
1956	71	5	76	161,700	0.4
1957	79	9	88	162,300	0.5
1958	77	8	85	163,300	0.5
1959	66	12	78	164,200	0.5
1960	59	10	69	165,560	0.4
1961	58	9	67	167,390	0.4
1962	69	9	78	169,180	0.5

Infectious Diseases.

Total Notifications of all cases are shown in the next two tables. There was a decrease in the total number of cases notified during the year, 491, as compared with 2,585 the previous year. Practically the whole of this reduction is accounted for by the decrease in notifications of measles and whooping cough.

Diphtheria.

There was no notification of diphtheria. This is the fourteenth successive year that I have been able to report in similar terms, and I hope that this state of affairs will continue. Every effort is made by all persons connected with the health services to draw the attention of parents particularly, to the continued necessity of immunisation.

Dysentery.

183 notifications of dysentery were received during the year and ninety were subsequently confirmed. This involved obtaining 421 faecal specimens from notified patients and their contacts and further obtaining repeat negative stools after treatment for the illness.

Of these confirmed cases it was discovered eighty eight were due to the organism shigella sonnei and two due to shigella flexneri.

Of the two cases of shigella flexneri notified, one was a child aged nine months where the organism was discovered after death, whilst the other was in a twenty-one year old woman. Both these cases were patients at Hill House Isolation Hospital.

The remaining cases of dysentery due to the more common shigella sonnei occurred in an outbreak amongst ten of the patients in a ward at Cefn Coed Hospital during the months of January and February; forty cases occurred during the months of May, June and July mainly amongst children of school age in the Danygraig, St. Thomas and Winch Wen areas and another outbreak involving twenty-three cases later in the year during the months of October, November and December mainly amongst school children in the Dunvant, Townhill, Penlan, Blaenymaes and Central areas of the borough.

The remaining fifteen cases occurred at different times throughout the year.

Polio-myelitis.

There was no notification.

Puerperal Pyrexia.

Twenty seven cases were notified during the year.

Ophthalmia Neonatorum.

One case was notified and subsequently confirmed.

Food Poisoning.

Two cases were notified and subsequently confirmed. These were single cases and salmonella typhi-murium was isolated as the agent. There were also two symptomless carriers who were contacts to these cases.

Smallpox.

During the period December 1961 to April 1962, there were 62 cases of smallpox in the country. At first, the nearest case to this authority was in Cardiff, where a Pakistani was diagnosed on the 15th January, 1962. Later, on the 7th April, a surprise case was diagnosed in Glanrhyd Hospital, Bridgend. However, no case occurred in Swansea, although one suspect was removed to hospital in Cardiff for further investigation which happily proved negative.



# Smallpox (Cont'd).

During the whole of this period, the department was under a great strain, but I am happy to report that all members of our staff responded magnificently.

The outbreak has been officially reported by the Ministry of Health in Report No. 109, 1963, "Reports on Public Health and Medical Subjects", but some information of the local circumstances will be found in the section of the report dealing with Vaccination against Smallpox.

Numbers of all cases of infectious and notifiable diseases originally notified during the year 1962 and the final numbers according to sex and age after corrections and subsequently made either by the notifying medical practitioner, or by the Medical Superintendent of the Infectious Diseases Hospital.

	Scarlet Fever		Whooping Cough		Acute Poliomyelitis				Measles (excluding Rubella)		Diphtheria		Dysentery		Meningococcal Infection	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Numbers originally notified																
Total (All Ages)	39	42	9	9	-	-	-	-	120	134	-	-	57	33	1	-
Final numbers after correction																
Under 1 Year	1	-	1	4	-	-	-	-	12	6	-	-	1	-	-	-
1 - 2 Years	-	-	3	1	-	-	-	-	9	16	-	-	-	4	-	-
2 - 3 "	1	1	2	3	-	-	-	-	17	16	-	-	4	3	1	-
3 - 4 "	4	-	1	-	-	-	-	-	13	16	-	-	6	2	-	-
4 - 5 "	5	6	1	1	-	-	-	-	16	12	-	-	2	1	-	-
5 - 9 "	14	25	1	-	-	-	-	-	45	57	-	-	23	13	-	-
10-14 "	9	8	-	-	-	-	-	-	3	3	-	-	5	3	-	-
15-24 "	3	2	-	-	-	-	-	-	3	4	-	-	3	2	-	-
25 and over	2	-	-	-	-	-	-	-	1	2	-	-	13	4	-	-
Age Unknown	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-
Total (All Ages)	39	42	9	9	-	-	-	-	119	133	-	-	57	33	1	-
	Ac. Pneumonia		Smallpox		Acute Encephalitis				Typhoid Fever		Para-Typhoid Fever		Erysipelas		Food Poisoning	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Numbers originally notified																
Total (All Ages)	6	4	-	-	-	-	-	1	-	-	-	-	2	6	1	1
Final numbers after correction																
Under 5 Years	1	2	-	-	-	-	-	-	-	-	-	-	-	1	-	-
5 - 14 Years	1	-	-	-	-	-	-	1	-	-	-	-	-	-	1	1
15-44 "	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
45-64 "	-	-	-	-	-	-	-	-	-	-	-	-	1	5	-	-
65 and over	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Age Unknown	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
Total (All Ages)	6	4	-	-	-	-	-	1	-	-	-	-	2	6	1	1



## SECTION V

### CARE OF EXPECTANT MOTHERS AND CHILDREN UNDER SCHOOL AGE.

#### Ante-Natal and Infant Welfare Clinics.

Attendance at ante-natal clinics has again fallen a little. The number of medical officers holding sessions at Cwmbwrla Clinic was reduced from 3 to 2 and at Central Clinic from 2 to 1.

Relaxation and Mothercraft Classes continue to be held. Interest in these classes in the Morriston district has waned so the classes were discontinued. In the Eaton House district the classes are very popular and an extra class was started towards the end of the year. In the Cwmbwrla area attendance is not good but at the Central Clinic a few more attend. Unless there is an urge for education, no amount of propaganda will impress upon the mothers the need for it. Most of those who attend are the better educated whose need is not in fact as great as those who do not attend.

The attendances at the ante-natal clinics during the year were 8,366, a decrease on that for the previous year 9,065. Infant welfare clinic attendances also decreased during the year, - 21,760 compared with 22,685.

#### Ante-natal and Post-natal Clinics.

The following table sets out the work undertaken at the ante- and post-natal clinics during the year:-

		<u>Ante-natal Clinics</u>	<u>Post-natal Clinics</u>
No. of clinics provided	...	9	
" " sessions per month	...	56	2
" " patients who attended during the year	...	1,467	602
" " new patients	...	1,083	580
Total attendances	...	8,366	627

#### Child Welfare.

A new Centre was opened towards the end of the year at Blaen-y-maes. Attendance has been very small but it is hoped will improve next year.

A number of the Centres are far from satisfactory - especially Townhill, Cadle, Bonymaen. It is difficult to teach health and cleanliness in surroundings which leave a great deal to be desired.

The following table shows the number of children who attended during the year and the number of attendances made:-

No. of centres provided at the end of the year	...	13
No. of child welfare sessions now held per month at the centres	...	58
No. of children who first attended a centre of this local health authority during the year and who, at their first attendance, were under one year of age	...	1,824

### Child Welfare (Contd.)

No. of children who attended during the year  
and who were born in:-

1962	...	1,529
1961	...	1,491
1960-57	...	1,685

Total number of children who attended during  
the year ... 4,705

No. of attendances made by children who at  
the date of attendance were:-

Under one year	...	15,551
One but under two years	...	3,562
Two but under five years	...	2,647
Total attendances during the year	...	21,760

During 1961, 4,636 children attended and the attendances were 22,685.

### Minor Ailment Clinics.

A number of children under five years of age received minor ailment treatment at the clinics and the following table shows the extent during the year:-

Number of defects treated during the year:-

Ringworm	...	...	-
Scabies	...	...	5
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains etc.)	...	...	<u>20</u>
Total defects treated	...	...	<u>25</u>
Total attendances	...	...	60

### Defective Vision and Squint (excluding minor ailments).

No. of defects dealt with:-			
Errors of refraction	...	...	311
Total attendances	...	...	311
No. of cases seen by doctor for special examinations	...	...	109
No. of cases seen by doctor for re-examination			202
No. of children for whom spectacles were prescribed	...	...	54

### Orthopaedic and Postural Defects.

The following table shows the work undertaken at the Orthopaedic Clinic in respect of children under five years:-

New cases treated during the year	...	259
Old cases who continued treatment during the year	...	514
Total number receiving treatment	...	773
Total attendances by these patients	...	3,062
No. of special cases seen by doctor	...	151
" " re-examinations by doctor	...	135

## Development Tests of Babies and Young Children.

This work is now being undertaken by 3 Assistant Medical Officers. Early detection of handicaps is of the greatest value. Deaf and spastic children are discovered early and can be referred for treatment. A clinic has been held for mentally subnormal babies but here it is not always possible to give the parents the help they need. Advice as to the care of the child is always appreciated but some of these children impose an almost intolerable burden on the family who do not wish the child to be removed to a residential institution but would welcome help in the form of a day nursery.

Research is being undertaken in the development of children of 2-5 years. About 120 such children have been examined and the results sent to Dr. Ruth Griffiths who is collecting data from different parts of the county and working out a scheme for extending her present scale of tests.

## Partially Deaf Children.

The following report was submitted to the Health Committee in December 1962:-

"Advances in techniques during the past few years are enabling our medical staff to diagnose deafness at a very much earlier age than has been the case previously.

This earlier diagnosis together with the availability of lightweight hearing aids suitable for young children has presented the School Health Service with a golden opportunity - the chance of training the young children in lip-reading and the proper use of their hearing aid and their parents in the right way to continue the training at home, so that by the time the children are of school age they will be enabled to get the maximum value from their education.

A few of our young Swansea children have been taken by their mothers to stay in the hostel of the Audiology Centre of the Royal National Throat, Nose and Ear Hospital for training but, to be effective, this should be followed up regularly.

Those who have not been to the Audiology Centre need even more training.

There are five children known to be in need of this service at present and several more likely cases under investigation.

This is a very serious gap in our service and I strongly recommend the appointment of a teacher of the deaf for this particular purpose. Subject to your approval, I intend to make provision for this in the estimates for 1963/64.

## Thalidomide Babies.

On the 17th May, 1962, a letter was received from the Chief Medical Officer of the Ministry of Health stating that Thalidomide, commonly prescribed under the proprietary name of "Distaval" was withdrawn from the market by the manufacturers in 1961, because it was found that, if taken in the first three months of pregnancy, it would cause severe abnormalities in the foetus. The letter went on to ask that every possible effort should be made to prevent the recurrence, and to ensure that any woman of childbearing age who may have access to Thalidomide prescribed before its withdrawal, should be warned not to take it under any circumstances. It also stated that it was felt that the nature of the risk was such as to justify trying to identify from records any patient for whom Thalidomide had been prescribed and which had been on the market since 1958.



### Thalidomide Babies (Contd.)

On the 13th July, a further letter about Thalidomide and congenital abnormalities was received from the Ministry of Health, saying that the number of infants brought to limb fitting centres had been greater this year, but it seemed possible that all infants who might benefit had not been referred to the Centres.

Since most of the children will be referred by general practitioners to Paediatricians or Orthopaedic Surgeons, a copy of a letter addressed to the Paediatricians and Orthopaedic Surgeons which set out information about limb fitting centres was enclosed for information. The letter went on to say that, of course, there would be the most distressing family problems in these cases, and the help of the Local Health Authority staff would undoubtedly be very necessary for future management. The enclosure to this letter pointed out that the problem of congenital deformities arising from the use of Thalidomide was, of course, well known by now and the purpose of the letter was to ensure that there would be the utmost co-ordination and co-operation between every branch of the medical service.

On the 1st August 1962, another letter was sent out from the Ministry of Health, referring to the letter dated 13th July. This last letter indicated that although local hospitals and general practitioners would know of individual cases, the Ministry were anxious to make as complete and accurate an assessment of the possible demands for special hospital facilities and the extent to which they have been met. The help of Local Health Authorities was therefore asked in recording the available knowledge concerning these babies. Information was required concerning each baby with congenital deformity due or possibly due to Thalidomide born alive in each year of the years 1960 and 1961, and for 1962 up to the 31st August only, by which time all the babies likely to have been affected by Thalidomide would have been born. It was suggested that all babies with the characteristic reduction deformities of the limbs should be included whether or not Thalidomide is known to have been used.

"In compiling this roll of babies, there may be the following possibilities:-

- (a) Absolute certainty that the drug was taken by the mother during pregnancy.
- (b) Reasonable probability but not amounting to certainty.
- (c) No indications that the drug was taken.

The babies to be recorded will fall into the following categories:-

- (i) Those who have reduction deformities of the limbs only.
- (ii) Those who have deformities of the limbs associated with other congenital abnormalities.
- (iii) Those who have congenital abnormalities (e.g. microtia) not associated with limb deformities but in which there is certainty or reasonable probability that Thalidomide was taken by the mother.

Although the primary reason of the enquiry is to ensure that those babies who need special hospital and welfare facilities do in fact obtain them, it would be useful to have a better estimate of the extent to which the drug is known to have been associated with the deformities and abnormalities in the categories mentioned.

In order to assist you in returning the individual records of babies in your area I have enclosed a form of record which shows the information required and I hope you will find it possible to return these to me at the latest by 30th September.

If you know of any children in the categories mentioned who have died perhaps you would be good enough to include this information also."

### Thalidomide Babies (Contd.)

Two complete record cards were provided in respect of children of parents living in this Authority. In one case, Thalidomide was known to have been taken with certainty, and this was in respect of a female child born alive on the 21st July 1961. This child had malformation of both arms, has no humerus on either arm, small radius and ulna on both arms, three fingers on each malformed hand. The case was under the care of Mr. Mervyn Evans at Morriston Hospital.

In the other case, a male child born alive on the 15th May 1961, the mother was an Italian, difficult and unco-operative. The mother stated that she remembered taking some tablets, but the type of tablet is not known. The child had been referred to the limb fitting centre.

On the 5th December, 1962, a letter was received from the County Borough Group of the Society of Medical Officers of Health, stating that this subject had been discussed at the last meeting of the General Purposes Committee of the Society, when a report of a meeting held at the Ministry of Health was presented by Dr. Egan, who represented the Society on that occasion. The report is fairly extensive, and its recommendations were, inter-alia, that a counselling centre for the general management of each case is urgently necessary. In this connection, Professor Watkins of Cardiff has already arranged such a centre. The term "Thalidomide Baby" should be dropped entirely and the cases referred to as "Handicapped Children", and that the Counselling Centres should provide not only for the Thalidomide cases, but also for natural cases, and these latter ought to include Spina Bifida cases.

### Phenylketonuria.

Testing for phenylketonuria was introduced in May of 1960. By the end of the year it is estimated that some 6,000 infants have been tested. There has been no child with a positive reaction. No case has been confirmed by the paediatrician and no special difficulties have been encountered.

As a result of a Report of the Medical Research Council issued in June 1963, each child is now tested on two occasions, one during the period 10th to 14th day of life, and one between the 4th and 6th week of life.

In addition, where a child is born into a family in which a possibility of phenylketonuria is already present, the child is referred to the Paediatric Unit on the 7th day and on the 21st day of life.

### Blindness in infants.

In that section of the report dealing with the Welfare of the Blind, reference is made to a revised version of the Standing Medical Advisory Committee's memorandum on blindness, originally published in 1958. Referring to blindness in infancy to-day, it states that it is largely due to congenital abnormalities so that it is possible that something more can be done to prevent this occurring, by ensuring that the best ante-natal care is given to the mother, and especially by trying to prevent the mother having measles in the first three months of pregnancy.



# Care of Premature Infants.

Details of the number of premature births notified during the year are shown below:-

1. Number of Premature Live Births notified (as adjusted by transferred notifications).	2. Number of Premature Still-births notified (as adjusted by transferred notifications).
(a) In Hospital ... 181	(a) In Hospital ... 30
(b) At home ... 11	(b) At home ... 4
(c) In private nursing homes ... 1	(c) In private nursing homes ... -
<u>193</u>	<u>34</u>

\* "Private nursing homes" includes nursing homes and maternity hospitals and homes not in the National Health Service, and Mother and Baby Homes where women are confined in the Home.

Weight	PREMATURE LIVE BIRTHS														PREMATURE STILL BIRTHS				
	Born in hospital				Born at home & nursed entirely at home				Born at home & transferred to hospital on or before 28th day				Born in nursing home & transferred to hospt. on or before 28th day				Born in hospst.home	Born at home	Born in nursing home
	To-tal (2)	Died within 24 hrs. of birth (3)	Survived 28 days (4)	To-tal (5)	Died within 24 hrs. of birth (6)	Survived 28 days (7)	To-tal (8)	Died within 24 hrs. of birth (9)	Survived 28 days (10)	To-tal (11)	Died within 24 hrs. of birth (12)	Survived 28 days (13)	To-tal (14)	Died within 24 hrs. of birth (15)	Survived 28 days (16)				
(a) 3lb. 4 ozs. or less 1500 grms. or less	18	11	1	1	-	-	1	-	1	-	-	-	-	-	-	13	1	-	
(b) Over 3lb. 4 ozs. up to & incl. 4lb. 6ozs. (1500 - 2000 grms.)	26	2	15	2	1	-	1	1	-	-	-	-	-	-	-	6	1	-	
(c) Over 4lb. up to & incl. 4lbs. 15ozs. (2250 - 2500 grms.)	51	3	26	2	-	1	1	-	1	1	-	-	-	-	-	6	1	-	
(d) Over 4lb. 15 ozs. up to & incl. 5lbs. 8ozs. 86 (2250 - 2500 grms.)		-	50	2	-	-	1	-	-	-	-	-	-	-	-	5	1	-	
TOTAL ..	181	16	92	7	1	1	4	1	2	1	-	-	-	-	-	30	4	-	

## Welfare Foods.

The distribution of welfare foods has been the responsibility of the local health authority since July 1954. Distribution is undertaken at twelve clinics and four other points are operated by voluntary workers.

Until 1st June, 1961, expectant mothers and young children could obtain tokens which enabled them to obtain authorised quantities of orange juice at 5d. a bottle and cod liver oil or vitamin tablets free at Local Health Authority clinics and Welfare Food distribution centres.

In accordance with the Welfare Foods (Great Britain) Amendment Order 1961, welfare foods were no longer subsidised from the 1st June. The Order provided for Welfare Foods to be available to all beneficiaries without tokens and without restriction of quantities at cost prices to be determined by the Minister. Free supplies were, however, to be available in authorised quantities against tokens, to those families who were eligible for free supplies of welfare milk. The cost prices determined by the Minister were:- orange juice 1s. 6d. a bottle, cod liver oil 1s. 0d. a bottle and vitamin A and D tablets 6d. per packet.

The quantities of welfare foods distributed during 1962 is given below.

		<u>1959.</u>	<u>1960.</u>	<u>1961.</u>	<u>1962.</u>
National Dried Milk	...	39,112	32,594	27,970	21,502
Cod Liver Oil	...	8,237	8,064	4,678	1,808
Orange Juice	...	72,000	63,526	33,995	15,053
Vitamin A. & D.	...	4,734	4,418	3,017	1,090

## Care of Unmarried Mothers.

Miss E. M. Lewis, Organising Secretary, Swansea and Brecon Diocesan Moral Welfare Association, reports as follows:

### "Analysis of Case Work - Swansea Area 1962.

During the year 1962 316 cases have been dealt with as follows:-

92 were unmarried mothers  
81 were putative fathers  
83 were children  
8 were matrimonial problems  
4 were preventive cases  
47 were couples contemplating the adoption  
of a child.

### Ages of Unmarried Mothers.

14 years	-	1
15 "	-	4
16 "	-	10
17 "	-	18
18 "	-	10
19 "	-	11
20 "	-	9
21 "	-	2
22 "	-	8
23 "	-	3
24 "	-	2
25 "	-	2
26 "	-	3
28 "	-	4
31 "	-	1
32 "	-	1
34 "	-	1
39 "	-	2

## Care of Unmarried Mothers (Cont'd).

Re Unmarried Mothers, 32 were admitted to Mother and Baby Homes in Swansea, Cardiff, Brecon, Newport, Hereford, Salisbury, Bristol. Visits were made periodically to the mothers during their stay in the above Homes. Help and advice given following birth of child.

61 were given help and advice within their own homes. Arrangements made regarding attendances at Antenatal Clinic or with family doctor. Beds booked at local hospitals. In many cases baby clothes, cots and prams provided. Help given to secure maintenance orders for child, foster homes, nursery accommodation. Grants obtained for many of the cases from Church of England Society, Dr. Barnardo's Homes or Buttle Trust. Employment found for some where baby was welcomed.

Putative Fathers - 84 were interviewed. 14 married the mothers following the interview. 23 affiliation orders were secured.

Of the putative fathers' interviews, many were in view of child being placed for adoption; to secure full case history of child, and to inform putative father of proposed adoption.

Re Children, 35 remained with their mothers, 37 were placed for adoption, 10 placed either in a nursery or foster home, 1 died.

Re Adopters, 47 couples were given help and advice on adoption; homes visited, later approved by Adoption Committee.

Babies placed with many of the above couples; visits continued pending adoption order being made.

Preventive Work - Help and advice given to parents of four young people. One case referred to Children's Officer.

Matrimonial - 8 couples helped and advised over a long period with their many varied problems.

Many cases previously reported still under supervision. Altogether a full year of work, much time given to visiting, interviewing and letter writing on behalf of all cases."

## Report on Gynaecological Clinic 1962.

Total number of new patients	...	138
Birth Control	...	23
Subfertility	...	23
Menstrual disorders	...	17
Menopausal symptoms	...	1
Prolapse	...	10
Cervical erosion	...	4
Vaginitis	...	6
Leucorrhoea	...	4
Others	...	50

Work at this Clinic has proceeded along the same lines as in previous years. There has been a slight decrease in the total number of attendances.



## Dental Care.

The arrangements for treatment remain substantially the same as in the previous year and is given at the following places:-

Full-time clinics - Eaton House and Mansel Street.  
Part-time Clinics - Cwmbwrla, Morriston, Mumbles,  
Townhill and St. Thomas.

It has been found impracticable to arrange special sessions for treatment, and patients are given appointments to attend routine treatment sessions.

Expectant mothers are referred only from the Ante-Natal Clinics by the Medical Officers, whilst post-natal mothers may be referred from several sources and are entitled to treatment if the birth has taken place within the year.

All children under school age can obtain treatment when requested by the parent.

X-Rays are taken at Mansel Street Clinic.

Prosthetic work (dentures) is done by outside technicians as there is insufficient work to warrant the setting up of our own laboratory.

### Numbers provided with Dental Care.

	Exam- ined	Needing Treat- ment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	87	87	82	31
Children under Five ...	170	160	157	63

### Forms of Dental Treatment provided.

		Expectant and Nursing Mothers	Children (under School age)
Scalings and Gum Treatment	...	20	-
Fillings	...	67	29
Silver Nitrate Treatment	...	-	16
Crown or Inlays	...	-	-
Extractions	...	152	233
General Anaesthetics	...	50	143
Dentures provided:-			
A. Full Upper or Lower	...	11	-
B. Partial Upper or Lower	...	21	-
Radiographs	...	8	-

## MIDWIFERY SERVICE.

The number of domiciliary midwifery cases continues to decrease so that this year it has been possible to run the service with a staff of 14 midwives. There has been no undue absence on account of sickness but when more than one midwife is sick it is necessary to cancel weekly off-duty and holidays. A midwife has been allocated a flat in the new Sketty Park Estate and the number of midwives in the town centre has been reduced as it is found that the services of midwives are needed mostly in the new housing estates. A number of midwives still rely on public transport - a great deal of time is spent on getting from place to place, by this method. If all midwives were car-drivers the districts could be enlarged and the services of midwives used more profitably.

Those midwives who were trained in premature-baby nursing are now training their colleagues so a change of midwife will not so often be necessary.

Patients continue to be discharged from Maternity Hospitals before the 10th day. Nursing these patients constitutes a large part of the domiciliary midwife's work. Difficulties are met with when patients do not go to the address which has been notified to the midwife who may have to call in several houses at a distance and finally give up her search. Hospital staff try to co-operate. The blame lies with the patient who leaves one address for another.

### Midwifery Training Part II.

The arrangement outlined in Page 31 of my report for 1961, continues to work satisfactorily. Under this arrangement, the local hospital management committee has accepted responsibility for the general arrangements in connection with training, and the local health authority provides facilities for pupils to receive appropriate domiciliary training under the supervision of approved midwives.

### Administration of Gas and Air Analgesia.

#### (1) Institutional Midwives.

Number of Institutional Midwives in practice in the area at the end of the year qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board:-

(a)	Employed in homes and hospitals in the National Health Service	...	34
(b)	Employed in nursing homes or in maternity homes and hospitals not in the National Health Service	...	2

(2) Domiciliary Midwives.

	Domiciliary Midwives employed directly by the Local Health Authority.
(a) Number of domiciliary midwives practising in the area at the end of the year, who were qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board.	14
(b) Number of sets of apparatus for the administration of inhalational analgesics in use at the end of the year:- (a) Gas and Air (b) Trilene	14 5
(c) Number of cases in which inhalational analgesics was administered by midwives in domiciliary practice during the year:- (i) When doctor was not present at time of delivery of child (a) Gas and Air (b) Trilene (ii) When doctor was present at time of delivery of child (a) Gas and Air (b) Trilene	174 52  304 44
(d) Number of cases in which pethidine was administered by midwives in domiciliary practice during the year:- (i) When doctor was present at time of delivery of child (ii) When doctor was not present at time of delivery of child	173 274

Note. In addition one private domiciliary midwife was qualified to administer inhalational analgesics and had a Trilene apparatus. She did not however attend any cases.

Midwives practising in the area of the local supervising authority at the end of the year.

	Domiciliary Midwives	Midwives in Institutions	TOTAL
Midwives employed by the authority ...	14	-	14
Midwives employed by the Hospital Management Committee under the National Health Service Act ...	-	34	34
Midwives in private practice (including midwives employed in Nursing Homes) ...	1	2	3
TOTAL ...	15	36	51



Maternity Cases Attended.

	Number of deliveries attended by midwives in the area during the year						Cases in Instituti- ons
	Doctors not booked			Doctors booked			
	Doctor present at time of delivery of child	Doctor not present at time of deliv- ery of child	Doctor present at time of delivery of child (either booked doctor or another)	Doctor present at time of delivery of child	Doctor not present at delivery of child	TOTAL	
Midwives employed by the Authority	6	14	220	427	-	667	-
Midwives employed by the Hospital Management Committee under the National Health Service Act	-	-	-	-	-	-	1,842
Midwives employed in private practice	-	-	-	-	-	-	255
TOTAL ...	6	14	220	427	-	667	2,097
Number of cases attended by domiciliary midwives after discharge from hospital before 10th day ... 1005.							

Number of cases attended by domiciliary midwives after discharge from hospital before 10th day ... 1005.

Births.

The number of births notified in the Authority's area during the year, under Section 203 of the Public Health Act, 1936, as adjusted by any transferred notification is as follows:-

	Live Births		Stillbirths		TOTAL	
	Actual	Adjusted	Actual	Adjusted	Actual	Adjusted
Domiciliary	662	656	7	7	669	663
Institutional	2,054	2,224	87	45	2,141	2,269
TOTAL ...	2,716	2,880	94	52	2,810	2,932

Medical Aid under Section 14(1) of the Midwives Act, 1951.

Number of cases in which medical aid was summoned during the year under Section 14(1) of the Midwives Act, 1951, by a Midwife:-  
For Domiciliary Cases:-

(1) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service	...	25
(ii) Others	...	3
		<u>28</u>

## HEALTH VISITING.

1962 was the Centenary Year for Health Visiting, and Health Visitors celebrated the Centenary of the foundation of the Manchester and Salford Ladies Sanitary Reform Association, whose members began by visiting the homes for the poor and then enlisted other women to help them so that by 1867, the first whole-time paid health visitor was appointed. Some years later, Manchester and Salford Corporations which had made some contribution towards the Wages Bill, employed visitors direct, and in 1891, Buckinghamshire County Council, with the guidance of Miss Florence Nightingale, pioneered the employment of health visitors in rural districts.

The health visitors have come a long way since then, and more recently there has been much discussion about their training and the content of their training programme. Some people have suggested that the health visitors need more of a university atmosphere for training, with full opportunities for access to medical and social sciences and with the practical work facilities afforded by the hospitals and the local health authorities. The modern health visitor is not only a home teacher, but a case-finder, particularly in the early detection amongst infants of physical and mental handicaps.

It is of interest to note that, during the year, the Health Visiting and Social Work (Training) Act 1962, was placed on the Statute Book, and it came into operation on the 1st October. The Act provides for the constitution of two councils. The Council for the Training of Health Visitors, and the Council for Training in Social Work.

The functions of the Council for the Training of Health Visitors are as follows:-

- (a) promoting the training of health visitors by seeking to secure suitable facilities for the training of persons intending to become health visitors, by approving courses as suitable to be attended by such persons and by seeking to attract persons to such courses;
- (b) if it appears to them that adequate provision is not being made for the further training of health visitors, shall provide or secure the provision of courses for this purpose;
- (c) may conduct or make arrangements for the conduct of examinations in connection with such courses as are mentioned in the preceding paragraphs; and
- (d) may carry out or assist other persons in carrying out research into matters relevant to the training of health visitors.

Inaugural meetings have already been held and it will be interesting to hear, in due course, in what form the Council consider the training of health visitors should now take.

### Home Health Service.

There were no arrangements made during the year for health visitors to work with general practitioners or groups of practitioners. The liaison between the health visitors and general practitioners is good and the health visitors visited patients, at the request of the general practitioners, on their districts and also consulted them about any problems arising.

There was good liaison between the hospitals and the health visitors. Five health visitors paid a total of seven weekly rounds of the wards in the three general hospitals in the borough to discuss with the hospital staff the patients' home conditions and the follow-up necessary for all patients about to be discharged. These cases were then visited regularly by the health visitors on the district to advise the patients and report back to the hospitals when necessary.



The weekly case conferences and monthly film shows at Cefn Coed Hospital were continued as usual and the health visitors have made visits to cases selected for them by the Medical Superintendent.

#### Refresher Courses or lectures attended by the Health Visitors.

Two health visitors attended the Winter School at Bedford College, London, and two the Summer School at Lady Margaret Hall, Oxford, for Refresher Courses during the year. These courses were as usual most interesting and the health visitors felt that they were of great value to them. Several of the health visitors also attended the annual week-end lecture course arranged by the Guild of Social Workers.

#### Superintendent Health Visitor and School Nurse - Domestic Help Organiser.

It is with deep regret that I have to report that Mrs. M.E.I. Richards, Superintendent Health Visitor and School Nurse, Domestic Help Organiser, passed away on 10th June 1962.

She joined the staff of this Department as the Deputy Superintendent Health Visitor on 2nd April, 1949, and was promoted Superintendent Health Visitor on 19th April, 1950.

During the period since the passing of the National Health Service Act 1946, dealing with the development of the personal and community services, Mrs. Richards proved herself to be a most efficient officer and did a great deal to develop a closer and greater co-operation and co-ordination between the general practitioner service, the hospital service and our own. During that period we have also built up a first class service for mothers and children.

Miss E.K.M. Williams, Deputy Superintendent, was promoted to the post of Superintendent Health Visitor and Miss G.E. Oakley, a member of the health visiting staff, was appointed Deputy Superintendent Health Visitor.

#### Home Visits.

Particulars of the work undertaken by the health visitors during the year are shown below:-

Number of children under five years of age visited during the year	...	...	11,928
Total number of families or households visited by health visitors	...	...	15,970
	<u>First visits.</u>	<u>Total visits.</u>	<u>No access visits.*</u>
Expectant Mothers	931	1,693	116
Children under one year of age	3,032	16,779	896
Children over one and under two years	-	7,410	309
Children over two and under five years	-	16,953	562
Tuberculosis households	-	1,699	119
Other Cases	-	29,886	1,170
TOTAL	3,963	74,420	3,172

\* "No access" visits are excluded from the totals which relate to effective visits only. In the case of a family containing more than one person with whom the health visitor is concerned, the number of effective visits recorded is the number of persons to whom the visitors gave effective consideration on the occasion of a visit to the household. The number of "No access" visits is the number of persons to whom a visit was intended but not made effectively owing to failure to contact the person or a responsible representative.



## DISTRICT NURSING.

The District Nurses made a total of 85,435 visits during the year which was an increase of 2,406 visits over 1961. The number of visits made to tuberculosis patients was 6,324, and other cases included surgical dressings (many post-operative), douches, injections and general nursing care of acute and chronic cases.

The visits to children under 5 years of age increased from 450 in 1961 to 945 in 1962. This is a field of nursing in which the District Nurses are very interested since it avoids separating a child from parents and familiar surroundings. It is hoped that there will be even closer co-operation between the home nursing service and the hospital paediatric clinics in the future.

As in previous years, the care of patients of 65 years of age and over constituted the bulk of the nurses work and it is in this sphere that the staff co-operates most closely with the other sections of the Health Department. Every effort is made to keep elderly patients in their own homes for as long as possible, if this is their wish.

The Swansea Borough covers a wide area in relationship to the population and often this means greater distances for the nurses to cover. To offset this disadvantage, the houses generally are clean and pleasant, very many with modern facilities. Nevertheless cars are greatly appreciated, particularly in the areas on the perimenter, to ensure that the seriously ill patients have adequate visits and that the nurse is not too tired to carry out her duty, especially at the end of a heavy day.

In September two members of the staff attended an eight day refresher course in Manchester. On their return, at a regular staff meeting, they gave a summary to the rest of the staff informing them of the new treatments or techniques.

During the past five years ten nurses in all have had the benefit of attending a refresher course and all of them were enthusiastic about the knowledge and renewed interest that they gained.

The lending of nursing equipment is a great help to the nurses in the care of bedridden and incontinent patients.

The closest co-operation and the most cordial relationships exist between the family doctor and the district nurse.

Particulars of the work undertaken during the year are as follows:-

			No. of cases attended by the nurses during the year.	No. of visits made.
1.	Medical	...	1,615	60,739
2.	Surgical	...	481	17,943
3.	Infectious Disease	...	4	142
4.	Tuberculosis	...	110	6,324
5.	Maternal complications	...	12	127
6.	Others	...	9	160
7.	Total	...	2,231	85,435
8.	Patients included in 1-6 above who were 65 years of age or over at the time of the first visit during the year.		1,320	54,967
9.	Children included in 1-6 above who were under 5 years at time of first visit during the year.		44	945
10.	Patients included in 1-6 above who had more than 24 visits during the year.		701	69,628

Particulars of cases for the year:-

	<u>All Cases.</u>	<u>Tuber- culosis.</u>
Number of cases on register at beginning of year                      ...                      ...	543	22
New cases admitted during the year ..	<u>1,688</u>	<u>88</u>
Total number nursed during the year	<u>2,231</u>	<u>110</u>

Cases discharged during the year:-

Completed, transferred to hospital or died	1,655	91
Cases remaining on the register at the end of the year                      ...	576	19

ARTIFICIAL IMMUNITY.

Vaccination against Poliomyelitis.

Vaccine.

On 1st February 1962, the Minister of Health sent out Circular 3/62 Wales which implemented his promise of the previous October to make live oral vaccine available for routine vaccination. It contains living attenuated poliomyelitis viruses of types 1, 2 and 3, and has been prepared in Great Britain from Sabin strains.

The human dose is 3 drops, and the recommended course consists of three doses given at intervals of four to eight weeks. It can be administered on a lump of sugar, in syrup (B.P.) or by means of a dropping pipette.

Its administration is normally followed by multiplication of the viruses in the Intestine, by their excretion in the faeces and by the development of poliovirus antibodies.

Under normal conditions, the vaccine is not known to cause either general or local reactions.

The oral vaccine is only available for vaccinating persons in the "priority" groups as follows:-

1. A full course may be administered to persons who have not received any injections of Salk vaccine.
2. Persons who have had only one injection should either have two further doses of Salk (the first within 6 weeks) or commence a full new course of oral vaccine.
3. Persons who have had two injections of Salk, the second of which was given not more than one year previously, could now have one further dose of Salk or one dose of Sabin oral vaccine.
4. Children aged 5-12 who have had three Salk injections may receive a fourth (Salk or Sabin) dose on entering school.

The earlier issues of oral vaccine had to be stored under deep freeze conditions and this necessitated the installation of a deep freeze cabinet at the Central Medical Records Office. It also complicated to some extent the use of the vaccine by general practitioners.

About the same time as this vaccine became available, a quadruple vaccine for injection against poliomyelitis, diphtheria, whooping cough and tetanus came on to the market for children. A few general practitioners have elected to use this in preference to the triple antigens and separate polio vaccines.

### Priorities.

Guidance on priorities in the use of Sabin oral vaccine was given by the Minister in April, 1962 (Circ. 8/62 Wales).

The highest priority was to be given to:-

- (a) 3 doses for infants reaching 6 months of age.
- (b) 3 doses for children up to 15 not yet protected with Salk vaccine.
- (c) Expectant mothers and other members of groups at special risk, not yet fully protected.
- (d) Third doses for children up to 15.

The lowest priority should be given to:-

- (e) Fourth doses for school-children of 5 - 12.
- (f) Third doses for persons aged 15 - 40 who have already had two Salk Injections not more than a year earlier.
- (g) First doses for persons aged 15 - 40 not yet protected with Salk.

### Progress of the Scheme in Swansea.

In order to make speedy progress, seven of the department's clinics were opened each afternoon and evening over a week to give oral vaccination to all eligible persons due. The process was repeated a month later and two months later for second and third doses.

3,334 people attended during the three weeks.

Details of the persons dealt with during the calendar year 1962 are as follows:-

Age Group	No. of injections or doses given								
	SALK VACCINE					ORAL VACCINE			
	1st	2nd	3rd	4th	Total	1st	2nd	3rd	Total
Children born in 1962	36	29	7,387	447	14,019	156	149	137	442
Children born in 1961	762	735				411	359	425	1,195
Children and young persons born 1943/60	1,159	1,173				501	377	838	1,716
Young persons born 1933/42	331	308				623	461	691	1,775
Others	844	808				1,504	892	1,500	3,896
TOTAL	3,132	3,053	7,387	447	14,019	3,195	2,238	3,591	9,024



In addition to the foregoing, the following re-inforcing doses have been given:-

Re-inforcing dose oral after:-	
2 Salk doses	3 Salk doses
649	309

NOTE:- Included in the above are the following injection or doses given by G.Ps.

Salk	Oral	Re-inforcing dose
1st and 2nd injections	3 doses	Salk or Oral
1,076 (multiply by 2)	330	3,308

The percentage of persons under twenty years of age in Swansea who, during 1962, were protected against poliomyelitis by being vaccinated, was 87%. This compares with 82% in Wales and 83% in England and Wales.

#### Vaccination against Smallpox.

The period December 1961 to April 1962 will undoubtedly go down in the history of the Public Health Service in Great Britain as a testing time - a satisfactory trial of the strength of our Health Services. There were casualties in the country, 25 deaths, but these are nothing compared with what might have been or with the death roll in Karachi, West Pakistan, from where undoubtedly the infection came.

At least five immigrants to this country came through Karachi and subsequently developed smallpox. 62 cases - 16 in England and 46 in Wales - fell ill of the disease as a direct result. 40 of these were hospital patients or hospital staff members. In retrospect it is possible to claim that, at no time, was the infection loose in the population.

The area affected by the five immigrants were London, West Bromwich, Bradford, Birmingham and Cardiff. From the moment the first case was diagnosed, all local health officers were alerted in regard to contacts but Swansea did not really feel the impact of events until the middle of January when one Pakistani was diagnosed as a smallpox case after travelling by train from Birmingham to Cardiff on 13th January.

At first Swansea was concerned only with train contacts but television and newspaper bulletins soon changed the picture. Contacts to contacts asked for vaccination and even contacts three or four times removed.

However as February passed and further cases were diagnosed, the situation changed. Vaccination clinics were organised in Cardiff, and all over South Wales people began to worry and to ask for vaccination.

In Swansea it was stressed that there was no need for alarm or for special measures, but by 5th March the pressure for immunisation by general practitioners was becoming unbearable and the Local Authority opened a Children's Vaccination Clinic on 12th March to relieve the pressure.

On 7th April a surprise case of the disease in Glanrhyd Mental Hospital gave rise to a further wave of fear and it became necessary to extend the services of the special clinic in Swansea to offer vaccination to all ages. The demand was too strong to resist.

Fortunately the disease was contained at this stage and on 21st May, South Wales was officially declared clear of infection.

It is estimated that some 900,000 persons were vaccinated in the country in the spring of 1962 of which 500,000 approximately were carried out by general practitioners.

In Swansea during 1962 the statistics were as follows:- \*

Age at date of vaccination	No. vaccinated during 1962	Re-vaccinated during 1962
Under 1	1,624	-
1	732	30
2 - 4	2,359	607
5 - 14	12,070	3,171
15 or over	12,286	15,528
TOTAL	29,071	19,336

It is interesting to compare these figures with those for 1961 when 1,836 were vaccinated and 224 re-vaccinated.

\* It is known that many thousands more were vaccinated, but no records were received.

#### Vaccination against Diphtheria and Pertussis.

Following last year's unusually high demand for vaccination against these diseases, probably created by the Neath outbreak of diphtheria, 1962 brought a slump in the acceptance rate. This slump was accentuated if not created by the overwhelming concern of the public for vaccination against smallpox, the latest and most frightening enemy.

In 1962, 1701 primary courses and 328 reinforcing injections were given as compared with 3,545 primaries and 3,493 boosters in 1961.

Swansea's official acceptance rate fell to 58% for the 0 - 14 age group. In spite of the fall, this is still 4% better than the rate for England and Wales.

1,665 children completed their primary whooping cough injections in 1962. This was a total of 467 less than in 1961. This lowered our acceptance rate (for children born in 1961) from 59% in 1961 to 55% in 1962. The national rate for this group was 66%.

## AMBULANCE SERVICE.

### Vehicles.

The complement of vehicles remained the same i.e. eleven ambulances and five sitting case cars (each of which can be converted to take a stretcher case should it be necessary). There were four renewals during the year. The Health Committee also proposed increasing the complement by an additional four vehicles, but unfortunately, due to the increased costs of the local health services, the proposal was deferred for one year.

### Radio.

All sixteen vehicles are equipped with a two-way radio communication.

### Personnel.

The number of personnel employed is thirty-eight.

### Depot.

In the report for 1961, I indicated that a search was being made for an alternative site. The existing one is at Derwen Fawr.

In September, I reported to the Health Committee that as a result of a reorganisation in the Borough Architect's Department, that Department's workshop in The Strand would be vacated in the financial year 1964/65, and since the site was centrally situated, it would appear to be suitable for an Ambulance Depot.

The Committee accepted this suggestion and provision was made accordingly in the Estimates.

Subsequently, after investigation by the Borough Architect, it was realised that the site wasn't suitable, and a site off New Cut Road in The Strand was being considered.

### Emergency Treatment of Cases of Acute Poisoning.

A Sub-Committee of the Standing Medical Advisory Committee on the emergency treatment in hospital of cases of acute poisoning has dealt in its report with two matters which concern the ambulance service.

- (a) It is important that District Centres for the reception of cases of poisoning are known to ambulance personnel.
- (b) that studies had shown that there is little point in using 7% carbogen in preference to 5%, since the latter will clear the blood of monoxide as efficiently as 7% if a respiratory valve which does not allow re-breathing is placed in the circuit by which the mixture is applied.

### New Regulations.

During the course of the year, the Motor Vehicles (Construction and Use) (Amendment) Regulations 1962 (S.I. 1962 Number 1584) came into use. These affected the Ambulance Service by permitting (a) the fitting of sirens on ambulances, and (b) the use of warning instruments by ambulances at any time if failure to use them would be likely to hinder the use of the ambulance.

At the end of the year, appropriate enquiries were being made with a view to fitting sirens on our ambulances.



## Ambulance Service (Cont'd).

The Blast Furnaces and Saw Mills Ambulance (Amendment) Regulations, 1961 and the Chemical Works Ambulance (Amendment) Regulations, 1961, which as the titles indicate were amending regulations, and came into force on the 19th January, 1962. The new regulations provide:

"In every factory (works) there shall always be readily available during working hours a responsible person or responsible persons whose duty is to summon an ambulance or other means of transport if needed in cases of accident or illness. Legible copies of a notice indicating that person or as the case may be, those persons, shall be affixed in prominent positions in the factory (works)".

Under the previous regulations, the owners were under an obligation to provide on the premises and maintain in good condition a suitably constructed ambulance carriage, unless arrangements had been made for obtaining such a carriage when required from a hospital or other place in telephonic communication with the factory.

## Statistics.

Details of work undertaken during the year:-

Number of patients carried	...	63,298
Number of miles run	...	311,826

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

### TUBERCULOSIS.

#### Domiciliary Treatment.

110 patients were treated at home by District Nurses acting under the supervision of the Chest Physician and family doctor.

6,324 visits were made to these patients.

#### Health Visiting.

The arrangements were the same as in previous years. The Health Visitors also met the Chest Physician as often as possible for case discussions. 1,699 visits were made to tuberculous households during the year.

#### Re-housing in accordance with the Council Scheme.

During the year, 30 cases for priority rehousing on account of tuberculosis were reported and approved for priority rehousing.

22 families were rehoused on account of Tuberculosis during the year, some of which had been approved in previous years.

#### Chest X-Ray of Expectant Mothers.

Expectant mothers attending our Ante-natal Clinics continued to be referred to the Chest Physician for large film x-ray.

#### Rehabilitation.

One patient remains at Papworth Village Settlement. He has been there since 1958.

#### Extra Nourishment.

During the year the Chest Physician recommended the provision of extra nourishment in the form of milk to be continued for three patients.



B.C.G. VACCINATION.

B.C.G. Scheme.

Arrangements for contacts were the same as for last year.

The scheme for routine skin testing and vaccination differed inasmuch as the absentees from last year's scheme were included in this year's programme so that the figures shown include this number. Again no special session was held for the absentees in this year's programme, and they will be included in next year's figures. This is due to the programme extending into late July 1962 because of the smallpox scare and surveys at two schools where a case of tuberculosis occurred involved the testing of 1,010 pupils.

The uncorrected rate of positive reactors was 20.9% and the corrected rate was 15.2%. The corresponding rates last year were 13.4% and 8.4%. The downward trend of previous years has thus been sharply reversed.

The doctor carrying out the tests and the methods used have not changed, nor have the testing materials, although the manufacturers may be different. The impression gained during the programme was that there was a larger number of reactions which were on the borderline between negative and first degree positive. Whether this difficulty could account for the doubling of the rate is difficult to determine, but seems unlikely.

The schools which show a corrected rate above the Borough average are Dynevor, Glamor, Llyn-y-Bryn, Secondary Technical School for Girls, Pentrepoeth, St. Thomas, St. Illtyd's and Manselton.

Penlan and Mynyddbach, the two Comprehensive Schools have rates of 15% and 12.5% which are just below the average of 15.2%.

School	Application Forms				Total to				Absent for Skin Test	Skin Tested	Tuberculin Positive	Tuberculin Positive previously B.C.Gd.	Tuberculin Negative	Absent for Reading	B.C.G. given	Negative declined B.C.G.
	Received.		Refusals.		be examined											
	M	F	M	F	M	F	M	F								
St. Helen's	51	3	11	3	48		3	45	6	2	36	3	36			-
Oxford Street	83		2		72		6	66	3	1	55	8	51			1
Pen-Y-Bryn	4		3		2		1	1	-	-	1	-	1			-
St. Thomas	49	3	1	3	46		8	38	8	-	27	3	27			-
St. Illtyd's	5		7	-	13		-	4	2	-	11	-	2			-
Danygraig	65		2		58		8	50	8	2	40	2	11			-
Hafod	32		2		30		9	21	3	-	18	-	40			-
	21		-		21		5	16	3	1	13	-	18			-
Morfydd House	8		-		8		5	8	1	-	6	1	13			-
	4		-		4		-	4	1	-	2	1	6			-
St. Joseph's	43		2		41		12	29	3	-	22	4	2			-
	63		12	14	49		4	45	11	2	20	14	20			-
Manselton	95				83		7	76	18	2	48	10	46			-
Townhill	117		6	4	111		14	66	14	1	38	14	37			1
Llyn-Y-Bryn	143	5	10	5	138		11	100	30	14	63	7	61			2
Pentrepoeth	113		6		80		13	125	41	18	84	-	77			7
Glamor	131		9	4	126		24	79	21	1	54	4	51			3
Secondary Technical	65	6			59		11	112	33	8	75	4	72			3
Dunbarton	54		9		45		3	42	8	2	31	3	31			-
	13	4	22	4	9		2	7	2	2	5	-	5			-
Penlan Multilateral	290		22		268		31	237	51	16	172	14	165			5
Morriston	88		-		84		21	63	13	3	45	5	43			2
Clark's College	5		-		5		-	5	-	-	5	-	5			-
Dynevor	33		16		33		3	30	11	3	19	-	18			1
Mynyddbach	178		20		162		18	144	42	13	99	3	94			5
Clevedon College	31		4	1	303		46	257	39	6	183	35	176			7
	3		2		2		2	25	4	1	19	2	18			1
	26		2		26		-	2	2	1	-	-	-			-
Brynmill	92		4		87		4	22	3	-	19	-	19			-
Townhill	32		1		30		19	68	15	6	50	3	50			-
St. Joseph's Juniors	86		3	5	83		1	29	2	2	27	-	23			-
Llansanlet	76	6	3	6	70		20	63	8	3	49	6	47			2
Durvant	54		3		51		22	48	8	1	37	3	37			3
	44		3		41		10	41	2	-	34	5	31			-
Bishop Gore	139		5	3	134		11	30	6	1	106	3	106			-
							4	130	24	21		-				-
	1434	1325	117	83	1317	1212	368	2191	460	136	1571	160	1517			44



# MASS RADIOGRAPHY SERVICE.

Analysis of examinations carried out by the Static Mass Radiography Unit, Swansea,  
During the period January 1st - December 31st, 1962.

TABLE I.

Total number examined	9,570	100.00%
Total number diagnosed as normal	8,266	86.37%
Total number diagnosed as abnormal	1,304	13.63%

TABLE 2.

Analysis in age groups of total number examined and total found abnormal.

Age Group	Total Examined			Total Abnormal		
	Male	%	Female	%	Male	%
Under 15	1	.01	5	.05	-	-
15 - 24	1,552	16.22	1,707	17.84	56	4.29
25 - 34	922	9.63	808	8.44	54	4.14
35 - 44	777	8.12	820	8.57	100	7.67
45 - 59	981	10.25	1,065	11.13	306	23.47
60 and over	535	5.59	397	4.15	306	23.47
	4,768	49.82	4,802	50.18	822	63.04
					9,570	100.00
					482	36.96
					1,304	100.00

TABLE 3.

Analysis of Total Number of cases found to be Abnormal.

<u>Abnormality</u>	<u>Total</u>	<u>%</u>	<u>Rate per 1,000 examined</u>
Confirmed Pulmonary Tuberculosis			
"New" Cases	17	1.15	1.78
* "Old" Cases	-	-	-
Healed Primary Tuberculosis	160	10.84	16.72
Healed Post Primary Tuberculosis	68	4.61	7.10
Bony Abnormalities	76	5.15	7.94
Malignant Neoplasm	28	1.90	2.93
Non-Malignant Neoplasm	7	.47	.73
Lymphadenopathies (excluding sarcoids)	2	.14	.21
Sarcoidosis	6	.41	.63
Abnormality of heart - congenital	3	.20	.31
- acquired	201	13.62	21.00
Pneumoconiosis - without P.M.F.	67	4.54	7.00
- with P.M.F.	17	1.15	1.78
Pulmonary Fibrosis - non-tuberculous	269	18.22	28.11
Emphysema	110	7.45	11.49
Bronchiectasis	39	2.64	4.07
Bacterial, virus, and other lung infections	69	4.67	7.21
Pleural thickening or calcification	57	3.86	5.96
Abnormalities of the diaphragm	85	5.76	8.88
Malformation of the lungs (to include lobar malformation and honeycomb lung)	2	.14	.21
Spontaneous pneumothorax	4	.27	.42
Requiring further observation at Chest Clinic	2	.14	.21
Failed to attend clinic for further investi- gation	15	1.02	1.57
	<hr/> 1,304	88.35	136.26
Negative after investigation at Chest Clinic	172	11.65	17.97
	<hr/> 1,476	100.00	154.23

\* "Old" cases refer to examinees who are notified cases of pulmonary tuberculosis known to the Chest Clinic prior to Mass Radiography examination.

TABLE 4.

Analysis of New Confirmed cases of Pulmonary Tuberculosis in Age Groups. Sex and rate per 1,000 examined.

Age Group	Males			Females			Total		
	Confirmed P.T.	%	per 1,000	Confirmed P.T.	%	per 1,000	Confirmed P.T.	%	per 1,000
Under 15	-	-	-	-	-	-	-	-	-
15 - 24	3	17.65	1.93	2	11.76	1.17	5	29.41	1.53
25 - 34	1	5.88	1.08	2	11.77	2.48	3	17.65	1.73
35 - 44	2	11.77	2.57	2	11.76	2.44	4	23.53	2.50
45 - 59	4	23.53	4.08	-	-	-	4	23.53	1.96
60 and over	1	5.88	1.87	-	-	-	1	5.88	1.07
	11	64.71	2.31	6	35.29	1.25	17	100.00	1.78



TABLE 5.

Analysis in Survey Groups of Total Number Examined and New  
Confirmed Cases of Pulmonary Tuberculosis indicating rate  
per 1,000 examined

Survey Group	No. Examined		Confirmed P.T.		Rate per 1,000
	Total	%	No.	%	
General Population Volunteers	4,527	47.30	7	41.18	1.55
General Practitioner Referrals	2,232	23.32	6	35.29	2.69
H.M.F. Entrants	198	2.07	-	-	-
Students	1,283	13.41	1	5.88	.78
Contacts	287	3.00	1	5.88	3.48
Factory Groups - Industrial	9	.09	-	-	-
Non-Industrial	946	9.89	2	11.77	2.11
Special Groups	82	.86	-	-	-
Out-patients	6	.06	-	-	-
	9,570	100.00	17	100.00	1.78

Details of examinations carried out by Mass Radiography Mobile  
Unit "E" in Swansea County Borough during 1962.

TABLE I.

<u>Number examined</u>	<u>Referred to Chest Clinic</u>	<u>Other Abnormalities of the chest.</u>
4,350	22	31
—	—	—
<u>4,350</u>	<u>22</u>	<u>31</u>

TABLE II.

Analysis of Total Number of Cases Found to be Abnormal.

Confirmed Pulmonary Tuberculosis "New" Cases	7
Healed Primary Tuberculosis	1
Healed Post Primary Tuberculosis	10
Bony Abnormalities	2
Sarcoidosis	1
Abnormality of heart - acquired	8
Pneumoconiosis - without P.M.F.	9
- with P.M.F.	1
Pulmonary Fibrosis - non-tuberculous	3
Bronchiectasis	2
Pleural thickening or calcification	1
Abnormalities of the diaphragm	1
Negative after investigation at Chest Clinic	7
	<hr/>
Total	...
	53
	<hr/>

Chiropody Service.

The Local Authority Scheme for a chiropody service commenced on 1st January, 1961 and, at that date, eight hundred patients who had previously been on the register under the voluntary scheme were automatically transferred for treatment under the new scheme. The total number of sessions available to the authority by the eight Chiropodists who were eligible in pursuance of the National Health Service (Medical Auxiliaries) Regulations 1954 was 26.

At the end of 1961, there were 1,030 patients on the register.

At the end of 1962, there were 1,440 patients on the register and the number is still increasing. The increase is in the region of 80% of the original number taken over from the Swansea Old People's Welfare Committee.

In order that the waiting time by the patients may be reduced, I have made provision in the Annual Estimates for the next financial year for the number of sessions to be increased by 4 per week.

Yellow Fever Vaccination.

During the year, 344 vaccinations against Yellow Fever were carried out by the Department, 111 of this number being ship's crews.

As a matter of routine, the first half of an afternoon session at the Central Clinic, Mount Pleasant, is allocated for Yellow Fever Vaccination.

Special arrangements have been made at other times, particularly for seamen.

### Rehousing.

During the year under review, 108 priority allocations for tenancy were made on medical grounds. These were as follows:-

Tuberculous patient in family or house	...	30
Cardiac	...	18
Orthopaedic	...	14
Epilepsy	...	7
General ill health and mental aberration	...	10
Others (miscellaneous)	...	26
		<u>105</u>

In addition, transfers for Corporation tenants have been arranged in many cases on medical grounds.

### Sick Room Equipment.

The arrangements were the same as for previous years and the number of articles issued on loan was as follows:-

Air Rings	...	111
Bed Pans	...	85
Bed Rests	...	69
Mackintosh Sheets	...	91
Urinals	...	37
Wheel Chairs	...	11
Miscellaneous Equipment	...	14

### Orthopaedic.

Treatment for orthopaedic and postural defects is provided at the Authority's Orthopaedic Clinic, Trinity Place. The cases normally dealt with are children who have attained school leaving age and whose treatment previously started, has not been completed. 263 attendances were made by 13 cases, 4 of whom were treated in hospital.

Note:- For information regarding the orthopaedic treatment of children under school age, please refer to the part of the report on the services available for the care of infants.



### Night Attendance Service.

30 patients were serviced during the year and the total number of visits paid was 337, ranging in frequency from attendance for one night to several weeks. Of the 30 patients, 11 died, 4 were admitted to hospital, and 15 became convalescent. The service is an emergency one and has proved itself both valuable and necessary. The majority of the number of patients serviced were elderly patients who were ill, living alone, waiting admission to hospital.

The night attendances are engaged as casual workers and there is constant difficulty in maintaining a panel as the work fluctuates a great deal, being sometimes extremely busy, and at other times very light.

The majority of cases serviced were on the minimum charge of 2/6d. per night.

### Fluoridation of Water Supplies.

Circular 28/62, issued by the Minister of Health on the 17th December 1962, stated that the Minister was ready to approve under Section 28 of the National Health Service Act 1946, the making of arrangements with water undertakers for the addition of fluoride to water supplies which are deficient in it naturally. The Minister would be willing, where appropriate, to approve arrangements covering only parts of an authority's area. The Minister's approval of the arrangements will enable authorities, if they so wish, to meet the cost as an expenditure under Section 28.

It will be a condition of the Minister's approval under Section 28 that the technical aspects of the arrangements have the prior approval of the Minister of Housing and Local Government and will be kept under supervision by that Department in the early stages.

The Minister is aware that doubts have been expressed in some quarters whether the present powers of water undertakers permit the addition of fluoride to the water they supply. This point could only be dealt with by the Courts, but the Minister takes the view that the present powers are adequate. At the meeting of the Health Committee held on the 31st December 1962, a short reference was made to this matter, pointing out that it was a controversial subject, and as far as this Authority was concerned, further complicated, since the Local Authority provided water for adjacent district councils, and it was felt that official views of those councils should be sought as to their reaction to the question of fluoridation. It was resolved that the matter be deferred, pending the receipt of the views of the local district councils, who were obtaining their water supplies from the Local Authority Undertaking.

Referring to the matter of cost, should it be decided that the fluoride be added to the water used in Swansea, it is estimated that it will cost the Local Authority approximately £7,000 to £7,500.

At the time of writing this report, the matter still stands deferred.

### Hospital Treatment of Alcoholism.

In June of the year under review, the Minister issued Circular 10/62 dealing with the above subject. It enclosed a copy of a memorandum issued by the Minister to Hospital Authorities commending the advice given by the Standing Medical and Standing Mental Health Advisory Committees and endorsed by the Central Health Services Council, to develop appropriate hospital facilities for the treatment of alcoholism.

## Health Education.

There was no special group action taken by the health visitors with regard to making the public aware of the hazards to health by smoking, except by the use of posters and by individual advice given by the Health Visitors to the public in their homes.

Talks to mothers were continued at the Relaxation Classes at the clinics and whenever possible at the Ante-natal Clinics. Due to pressure of work the group teaching was not carried out as frequently as one would have liked but the health visitors concentrated on giving individual advice to the public both in their own homes and at the clinics.

Display materials such as layettes were used at the clinics and posters and pamphlets were on view or distributed to help educate the public about safety in the homes and on the roads, vaccinations and immunisations etc.

Two of the health visitors continued their visits to Morriston and Swansea General Hospitals to give courses of lectures to the student nurses. These nurses and also the Social Science students from the University visited the clinics and attended school medical sessions and went out on the district for 1 or 2 sessions with the health visitors.

The Mothers' Club at Norton Villa and Treboeth Clinics continued to function and were much appreciated.

There were no new innovations introduced during the year apart from the Oral Vaccination drive for the protection of the public against poliomyelitis.

## Smoking and Health.

At the April meeting of the Health Committee, I presented a summary of the Report of the Royal College of Physicians in relation to cancer of the lung. The Report concludes that cigarette smoking is a cause of lung cancer and bronchitis, and probably contributes to the development of coronary heart disease and other various less common diseases.

The Report was noted and Council accepted the recommendation that every effort be made to give publicity to the dangers of health from smoking. Much use has been made of posters and other forms of literature in this report.

In July I reported to the Committee that the Central Council for Health Education with the full support of the Ministry of Health and the Local Authorities Associations proposed to put, at the disposal of all local health authorities, two mobile units to augment any special campaigns which they proposed to organise. The general policy of the Unit was to re-inforce the message of the hazards of smoking. Since a charge of £9. 10. Od. per day would be made for this service, the Committee resolved that the offer of the unit be not accepted.

During the course of the year, many members of the Committee raised the issue of the provision of Anti-smoking Clinics which would be of some benefit to smokers. Enquiries were made of the Welsh Board of Health, and by the end of the year, it was ascertained that although one or two local health authorities had commenced this type of clinic, it was felt that the responsibility should be that of the Regional Hospital Boards. In one of the clinics already established, it was believed that at least one-third of the members stopped smoking and another third reduced smoking, but a comparatively small proportion of those who found real difficulty in breaking the habit succeeded in doing so. What is not known is the number of



people who return to the habit after having given it up. It is felt, however, that a number of people could give up smoking without real difficulty if they tried, but others were genuine addicts who would require help in special clinics. I understand that the Regional Hospital Boards are now exploring whether it is possible for such special clinics to be held. However, if only some people are persuaded to change their habits, it is a step in the right direction, and nothing but good can come from it.

### VENEREAL DISEASES.

#### Auxiliary Clinic.

Despite the reported increase in the number of new cases of venereal disease throughout the country there has been no increase in the number attending this clinic. No cases of Syphilis or of Gonorrhoea, in adolescent girls, have been noted. No cases of Congenital Syphilis, of under 15 years, were found.

3 new cases of Syphilis attended during the year - 1 an early, 2 late stages.

8 pregnant women, 5 of whom had previously been treated, received anti-syphilitis treatment during pregnancy, 10 babies were born - 4 to patients treated during 1961. Of these 7 were satisfactory, 3 were not brought for examination in spite of several visits by Health Visitors. 1 pregnancy ended in early miscarriage. 1 patient was unconfined at the end of the year.

129 new cases treated during the year were referred from:-

Ante-natal Clinics	...	105
Post-natal Clinics	...	5
Probation Officer	...	1
Private Practitioners	...	1
Infant Welfare Clinics	...	4
Welfare Officer	...	2
Children's Department	...	5
Self	...	2
Other members of the family	...	2
School Medical Inspection	...	2



The following return shows the work undertaken at  
the Venereal Diseases Clinic, Mount Pleasant Hospital, Swansea,  
and the Auxiliary Clinic, Eaton Crescent.

	Mount Pleasant			Auxiliary		
	Totals	Males	Females	Totals	Males	Females
1. Patients under treatment or observation on January 1st.	53	32	21	9	-	9
2. Patients removed from the register in previous years who returned during the year for treatment or observation of the same condition.	4	1	3	4	-	4
3. Patients transferred from other centres after diagnosis.	8	8	-	-	-	-
4. Patients dealt with for the first time (excl. 2 & 3) suffering from:-						
Syphilis Primary	2	2	-	-	-	-
" Secondary	-	-	-	-	-	-
" latent in the 1st year of infection	-	-	-	1	-	1
" Cardio-Vascular	1	1	-	-	-	-
" of the Nervous System	-	-	-	-	-	-
" all other late or latent stages	3	2	1	1	-	1
" Congenital; aged under 1 year	-	-	-	-	-	-
"         "         " 1 but under 5	-	-	-	-	-	-
"         "         " 5 but under 15	-	-	-	-	-	-
"         "         " 15 and over	-	-	-	1	-	1
TOTAL ITEM 4	6	5	1	3	-	3
5. Patients completing treatment and/or observation	6	4	2	2	-	2
6. Patients transferred elsewhere	12	12	-	-	-	-
7. Patients not completing treatment and/or observation	11	6	5	2	-	2
8. Patients under treatment or observation on December 31st	42	24	18	12	-	12
9. Patients under treatment or observation on January 1st.	96	92	4	2	-	2
10. Patients removed from the register in previous years who returned during the year for treatment or observation of the same condition	-	-	-	1	-	1
11. Patients transferred from other centres after diagnosis	31	31	-	-	-	-
12. Patients dealt with for the first time (excluding items 10 and 11)	127	117	10	3	-	3
13. Patients completing treatment and/or observation	49	45	4	4	-	4
14. Patients transferred elsewhere	40	39	1	-	-	-
15. Patients not completing treatment and/or observation	70	69	1	-	-	-
16. Patients under treatment or observation on December 31st	95	87	8	2	-	2
17. Patients under treatment or observation on January 1st	205	161	44	50	-	50
18. Patients removed from the register in previous years who returned during the year for treatment or observation of the same condition	-	-	-	21	-	21

Continued overleaf

			Mount Pleasant			Auxiliary		
			Totals	Males	Females	Totals	Males	Females
OTHER CONDITIONS.	19.	Patients transferred from other centres after observation	7	7	-	-	-	-
	20.	Patients dealt with for the first time (excluding items 18 and 19) suffering from:-						
		Chancroid	-	-	-	-	-	-
		Lymphogranuloma Venereum	1	1	-	-	-	-
		Granuloma Inguinale	-	-	-	-	-	-
		Non-gonococcal urethritis	42	42	-	-	-	-
		Any other conditions requiring treatment	189	153	36	111	-	111
		Conditions not requiring treatment	127	112	15	15	8	7
		Undiagnosed conditions	-	-	-	-	-	-
		TOTAL ITEM 20	359	308	51	126	8	118
OTHER CONDITIONS.	21.	Patients completing treatment and/or observation	282	230	52	68	8	60
	22.	Patients transferred elsewhere	84	83	1	2	-	2
	23.	Patients not completing treatment and/or observation	56	50	6	72	-	72
	24.	Patients under treatment or observation on December 31st	149	113	36	55	-	55
ATTENDANCES  BY	At which patients saw physician	Syphilis	142	124	18	54	-	54
		Gonorrhoea	267	256	11	18	-	18
		Other conditions	536	446	90	1,323	16	1,307
	TOTALS		945	826	119	1,395	16	1,379
PATIENTS	At which patients did not see physician	Syphilis	152	133	19	50	-	50
		Gonorrhoea	376	366	10	22	-	22
		Other conditions	828	737	91	163	-	163
	TOTALS		1,356	1,236	120	235	-	235
Contacts attending for examination referred by patients suffering from:- (the diagnosis, if known, is that of the referring patient)		Syphilis	-	-	-	4	-	4
		Gonorrhoea	2	2	-	6	-	6
		Non-gonococcal urethritis	12	12	-	-	-	-
		Other conditions	1	-	1	-	-	-
		TOTALS	15	14	1	10	-	10
			By the Physician at the Centre		Sent to a Pathological Centre	By the Physician at the Centre		Sent to a Pathological Centre
Microscopical - for syphilis			-		13	-		-
" " other			295		458	-		133
Cultural			-		352	-		86
Serum - for syphilis					1564	8		252
" G.C.F.T.					625			90

## DOMESTIC HELP.

The number of cases provided with domestic help since 1956 is as follows:-

	1962	1961	1960	1959	1958	1957	1956
Maternity (including expectant mothers)	16	27	19	21	20	26	26
Tuberculosis	4	2	2	4	4	10	9
Chronic sick including aged and infirm	657	647	575	539	483	426	431
Others	6	6	34	55	79	83	58
TOTAL ...	683	682	630	619	596	545	524

Of the 683 cases serviced, 464 had received help prior to 1962. 455 were elderly people.

The establishment was the equivalent of 62 full-time Home Helps made up of 22 full-time and 72 part-time workers. This was much too small to meet the great demands on the service so that only the minimum amount of help was given to the patients, many of whom had to be frequently left without during emergencies. Very few of the patients were given the amount of help they really needed and many applicants had to be refused help altogether.

One of the greatest difficulties in assessing the need for the services of a domestic help is the apparent lack of any satisfactory standard of measurement for this need. The situation is also made very much more difficult by the tendency that a well established and organised service which is run with considerable efficiency raises the demand in an area, and so very often makes a difficult situation so much more complex.

During 1961, national figures indicated that one organiser was employed in a supervising capacity to 67 home helps and this is indeed surprisingly small. To deploy and supervise such a large labour force (generally part time) in different parts of the town for different periods of the day for different days of the week, where the programme has to be altered daily because of either sickness amongst helps themselves or the illness of the recipient and the consequential transfer to hospital is a great tribute to the organisers as well as to the home helps themselves.

However the problem of absenteeism amongst some of the helps is still causing concern and will be looked into in more detail during the next year.

The application by the Domestic Helps for a five day week or a rota system of working on Saturday mornings was not granted.



## SECTION VI .

### MENTAL HEALTH

#### Co-operation

Steady progress has been maintained during 1962 in the services provided for the care of the mentally disordered. General practitioners are relying more and more on the Mental Health Section of the Local Health Authority and a friendly spirit prevails between the two parties. The Hospital link-up is firmly established and this smooth running teamwork provides an excellent basis for efficiency. Other supportive measures are achieved by personal contacts with Statutory and Voluntary Services which are vitally essential, if the full benefits to the patient are to be supplied.

The cases who require supervision receive the benefits of care and after-care and those who are suitable are advised regarding employment through consultations between the Mental Health staff and the Disablement Resettlement Officer. Cases on leave are also helped in this way regarding suitable employment.

There is very close co-operation between the Mental Health section of the department, the National Assistance Board, and Ministry of Labour.

#### Consultant Service

General practitioners are continuing to make full use of the Consultant Psychiatrists for home visits to their patients or appointments at one of the Out-patients' Clinics. The result is an expert opinion in the management of patients in the community and a recommendation for admission to hospital for appropriate cases.

We have now reached a stage where the majority of patients admitted to hospital are seen beforehand by the Psychiatrists either at home or at Out-patients' Clinics, the exceptions being the extremely urgent cases and a minority who are already well known to them.

#### After-Care

Short periods of in-patient treatment are still the common practice and Mental Welfare Officers are called upon to exercise close supervision to patients after their discharge. Vigorous use of the social and economic resources available in the community is applied to assist in their rehabilitation. Steady progress is also being maintained with regard to the training, occupation and general welfare of the mentally sub-normal living in the community.

Hostels and Sheltered Workshops are a pressing need, in view of the rising figures of unemployment towards the end of 1962, which were particularly disastrous for the mentally disordered.

Articles on Mental Health have appeared in the press from time to time and education is proceeding slowly, but steadily. There is a much wider realisation to-day that a patient does not lose his identity because he goes into a Psychiatric Hospital. A valuable part can be played by the relatives and friends of patients through visits, letters and a generally understanding attitude, so that the return to the community will be a happy and reassuring experience.

#### Social Club

The Social Club continues to thrive and there is an enthusiastic group attending regularly. A Mental Welfare Officer is present at each weekly session and a Consultant Psychiatrist is available for advice. The Club is a useful social centre where friendships are formed and members are encouraged to use their initiative in organising their own activities, all of which is a valuable aid to rehabilitation.

## Suicide

Since the Suicide Act became law on August 3rd 1961, suicide and attempted suicide are no longer criminal offences. The majority of cases seen by Psychiatrists are referred to the care of the Mental Welfare Officers who are anxious to provide help, understanding and comfort.

Over 5,000 people deliberately take their own lives in England and Wales each year and it is estimated that about 35,000 make an attempt to do so. These figures are really astounding and provide a challenge to all concerned in the field of mental health.

## Alcoholism

In a Memorandum issued on June 29th 1962, by the Ministry of Health, special units for alcoholics are recommended to hospital authorities. It is advised that treatment for alcoholism and alcoholic psychosis should, as far as possible, be given in specialised units. Hospital Boards which have not yet established such units are asked to do so, aiming initially at one per region, the provision to be increased if the scale of demand makes this necessary. The units will normally be run by or in association with psychiatrists and, therefore, situated at Psychiatric Hospitals or Psychiatric Units at general hospitals. It is suggested that they should have between 8 and 16 beds, a convenient size for group therapy which the Advisory Committees regarded as often being a valuable form of treatment.

The Memorandum stated "It will be necessary for the Special Units to run out-patient clinics and to co-operate in after-care with Alcoholics Anonymous and, where appropriate, with the local health authority or other interested agencies".

In dealing with alcoholics, Mental Welfare Officers deal with persons suffering not only from a medical and psychological illness, but also from a disrupted social life and who are, therefore, unsuited to conventional hospital treatment which usually help them to break with their drinking habits but can do little more than this. The result is that the patients return, with all their old underlying inadequacies to deal with life just as unsuccessfully as before. Special Units will, we trust, give the social rehabilitation so urgently needed.

## Mental Health Association

The work of the Swansea and District Association for Mental Health has gone quietly forward and its Sub-Committees have been exploring ways of developing their programmes. Education of the public has been the main activity of the Association. A panel of speakers has been compiled and a number of organisations have been given talks on Mental Health.

The response to an appeal for volunteers to act as "Good Neighbours" has been somewhat slow but towards the end of the year 3 volunteers had been prepared for visiting one selected case each.

## Hospital Day Centre

The Hospital Day Centre is providing a happy, social setting for a number of selected patients for whom in-patient treatment would otherwise be needed. In addition to occupational therapy such as pottery, painting and housecraft, group therapy and psychotherapy sessions are the main activities of the Centre. A team of Hospital Staff, Local Authority Mental Health Workers and General Practitioners unite in their efforts to deal with the psychological and social problems of the patients.

In addition to the Social Club, another group meets at the Centre one evening per week for psychotherapy, under the direction of one of the Psychiatrists.



## Training of Staff

Weekly Group Discussions are held for Mental Welfare Officers and a group of Health Visitors under the supervision of the Psychiatric Social Worker. The main emphasis is on prevention and early treatment and embodies the understanding of the emotional development of children which can determine the pattern of reaction throughout life. Monthly films are an additional feature which demonstrate, in a practical way, the knowledge gleaned in the discussions.

A Sub-Committee was appointed by the Standing Mental Health Advisory Committee in September 1959 to advise on the training of staff in the Training Centres for sub-normal pupils. Their Report came before the Central Health Services Council and has now been published.

The Sub-Committee, of which Alderman Mrs. R. Cross is a member, has collected, under the chairmanship of Dr. J. A. Scott, a tremendous amount of information from most interested parties, but the Central Health Services Council, whilst commending the Report, advised the need for further research and suggest that one or more pilot schemes should be started which would yield useful information on which to found subsequent developments.

In the meantime the Standing Mental Health Advisory Committee suggested that progress was most likely to be made at the present time by a substantial increase in the number of one-year courses on the lines of those organised by the National Association for Mental Health and by in-service training of suitably qualified people who cannot, for domestic or other reasons, undertake the one-year whole-time course.

The staff of our Centres are given opportunities to take Refresher Courses from time to time. Since September 1960, two of the existing staff at Broadway House have completed a year's course of instruction organised by Glamorgan County Council in conjunction with neighbouring authorities. They were released on one day each week to attend lectures at Cardiff and have passed the examination set at the conclusion of the course. The third member of our staff commenced training in September 1962.

In January 1962 a trainee, aged 18 years, was appointed at Broadway House for a period of 3 years, after which it is proposed to send her on a National Association for Mental Health Course.

The Scott Report recommends that the ratio of teaching staff to pupils in Junior Centres should be of the order of 1 : 10. The Supervisor of a Centre whether Junior or Adult, training upwards of 50 of the mentally sub-normal should be free of responsibility for a group or class. Trainee teachers should be regarded as supernumerary.

In Broadway House the ratio is 1 : 15 for the Juniors, and the female adult adult class numbers 30 to one staff!

## Mental Health Act 1959.

### Cases dealt with:-

#### MENTALLY ILL

Admissions for Observation (Section 25)	4
Emergency Admissions for Observation (Section 29)	62
Admissions for Treatment (Section 26)	11
Court Orders	-
Informal Admissions	127
Total Hospital Admissions	<u>204</u>

The number of home visits to the mentally ill were 5,618



There were no compulsory admissions.

The number of home visits to the mentally subnormal were 1,456

There are two Training Centres for the mentally sub-normal and these are:-

(a) Broadway House, Sketty.

A Training Centre for boys and girls up to the age of 16 years, it is sub-divided to provide accommodation for young women in the form of a Handicraft Class.

This magnificent new building, which was opened in March 1960, has been specially designed for the purpose, and is well equipped to meet the needs of the pupils and staff. It is situated in semi-rural surroundings and can accommodate 100 pupils.

The pleasant and intimate atmosphere of the Centre is an encouragement to the staff in their efforts to help the pupils to develop their mental and physical capacities to the fullest extent.

(b) Industrial Centre, St. Catherine's Schoolroom, Clifton Row.

This Centre accommodates sub-normal males over the age of 16 years and is run on the lines of a non-profit making workshop. The standard of work is high and the pupils are well trained in varying degrees of occupational therapy according to their ability.

#### Type of Training undertaken

- |                   |   |   |
|-------------------|---|---|
| Occupation Centre | - | Elementary 3 'Rs - sense training- habit training - percussion band - musical games and action songs - clay modelling - elementary handwork - speech training - physical training and organised games.  |
| Handicraft Centre | - | Simple cookery and laundry. Patients bring their own ingredients for cooking and take home the finished product. They derive great pleasure from this, particularly making their Christmas cakes. Rug making embroidery, stool making, raffia work etc., are also carried out.<br>Elementary reading and writing are also part of the curriculum.   |
| Industrial Centre | - | Boot and shoe repairs for Homes for the Aged, Part III Accommodation and Children's Department. Cutting or bundling firewood for Clinics and Homes for the Aged etc., mending boxes for a nearby firm and making some equipment for the Junior Training Centre; rug and mat making, rubber link mats, basket work, brush making, picture framing, fret work, stools, dog leads, chamois and dish mops, furniture repairs, artificial flowers, Christmas crackers and gardening.<br>Physical training and organised games as well as lessons on social behaviour, elementary reading and writing, speech training, handling of money, telling the time and the Highway Code. |

It is considered that 5 years training at the Centre is essential for those potentially suitable for work in open industry. In the past 9 years, 14 men have been found employment.

## Scout Troop

The Scout Troop formed in 1959 under the direction of the Superintendent and one of the Assistant Supervisors was disbanded in April, due to a change in policy of the Scouts Association with regard to the age limit. The group, however, are continuing to meet one evening per week as a social club and this is proving to be a very successful venture. In August, the boys enjoyed their usual week's camping holiday at Pont-nedd-fechan. They were supervised by members of the Industrial Centre staff and their wives who are to be commended for their voluntary work.

## Provision of Meals

The dinners at both Centres have been provided by the School Meals Service since the 9th September, 1957. The males and females attending the Centres who are over 16 years of age are provided with free meals. The parents of the children under 16 years of age are expected to pay for the meals, but allowances are made in necessitous cases.

## Transport Facilities

Most of the adult males and females attending the respective Centres have been trained to proceed to and from the Centres on their own initiative. Season tickets or travel vouchers are issued to them for free travel on the 'buses. Children are conveyed to and from the Centre by two private coaches hired by the Department. Teachers act as guides to ensure the comfort and safety of the pupils.

## Medical Inspection and Treatment

All pupils attending the Centres are medically examined annually, and they receive dental treatment and treatment for minor ailments at the clinic. Those attending Broadway House are visited periodically for hygiene inspection by the School Nurse.

The Speech Therapist is visiting Broadway House as often as possible and the teachers are carrying out, daily, the instruction given to the pupils.

## Holidays

The Centres are closed for similar periods as the Primary Schools.

## Pocket Money

The males and females, over 16 years of age, in addition to their midday meal and 'bus tokens, are provided with weekly pocket money. The sum varies from 2/6d. to 10/- as a token for good behaviour, regular attendance and the efficiency displayed in the training work.

## Glamorgan County Council Cases

Included in the number of Swansea patients quoted as receiving training in the Centres are 12 patients from Glamorgan County Council area, the cost being borne by that Authority.

## Miscellaneous

Arrangements were made during the year for the pupils attending both Centres to go on a Summer Picnic, to have a Christmas Party and to visit the Pantomime.

A most impressive Harvest Thanksgiving Service was held at Broadway House, the Service being conducted by Rev. Humble, Mayor's Chaplain, and attended by His Worship the Mayor and Mayoress. The parents were invited to be present and most of them accepted the invitation. All the items were contributed by the children and it was most delightful to hear them sing and recite harvest pieces. We were also fortunate to have the services of Mr. Ivor Owen, the Municipal Director of Music, who accompanied the pupils on the piano.

### Visit to Bristol Zoo

The pupils and staff of Broadway House enjoyed a day's outing to Bristol Zoo in June which was organised by Mr. Ryan, a parent of one of the pupils. Money was raised by Mr. Ryan from friends and business associates, and no financial obligation was incurred by this Authority.

The party travelled by train and coach, and much pleasure was experienced by all the party.

### General .

There are 1 female and 10 male sub-normal patients awaiting admission to Psychiatric Hospitals. We are always assured by the Regional Hospital Board that every effort is being made to place them as soon as possible, and vacancies are being found for the urgent cases quite quickly.

### Swansea Mentally Handicapped Association

This Association formed by the parents of children suffering from mental handicap is now well established, and there is the utmost harmony between the Association and the Department, which is most beneficial to the children themselves.

A keen interest is taken by parents in this work and appreciation is shown in many practical ways by the number of items they have supplied to the Centres.

This is an example of the spirit existing between the voluntary and statutory bodies.



Number of patients referred to Local Health Authority during year ended 31st December, 1962.

Referred by	Mentally ill				Psychopathic				Subnormal				Severely subnormal				Totals				Grand Total	
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)		(21)
(a) General practitioners			4	33															4	33	37	
(b) Hospitals, on discharge from in-patient treatment		1	54	107								2							1	54	109	164
(c) Hospitals, after or during out-patient or day treatment		2	16	103														2	16	103	121	
(d) Local education authorities	1		1	1					3	3			2	1			6	4	1	1	12	
(e) Police and courts			3	9															3	9	12	
(f) Other sources	2	4	30	90					1		2	1					3	4	32	91	130	
(g) TOTAL	3	7	108	343					4	3	2	3	2	1			9	11	110	346	476	

NOTE: Only one referral should be recorded for one patient unless the local authority ceased to provide services after one referral and before the next.

GENERAL NOTE: The four classifications of mental category are not mutually exclusive, and patients with a dual classification should be recorded as follows:-

- Mental illness of a degree which would justify detention (whether or not the patient is in fact detained) combined with any other condition - allocate to mental illness.
- Mental subnormality or severe subnormality combined with psychopathic disorder - allocate to mental subnormality or severe subnormality.
- Mental illness of a degree not justifying detention combined with psychopathic disorder and/or mental subnormality - allocate to either mental illness or mental subnormality or to psychopathic disorder according to the type of hospital in which treatment has been given, or according to the major disorder.

1. Admissions to guardianship of L.H.A. or other guardian during the year ended 31.12.62.	Mentally ill				Psychopathic				Subnormal				Severely subnormal				Totals				Grand Total
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
GUARDIAN																					(21)
2. Total Number under guardianship at 31.12.62.																					
(L.H.A. (Other																					
3. Number of patients under L.H.A. care at 31.12.62. (See note 2)																					
(a) Total number	3	6	262	528					17	15	90	75	26	25	47	56	46	46	399	659	1,150
(b) Attending day training centre									17	15	32	14	18	15	24	13	35	30	56	27	148
(c) Awaiting entry thereto																					
(c) Resident in residential Training centre																					
Awaiting residence therein																					
(d) Receiving home training																					
Awaiting home training																					
(e) Resident in L.A. home/hostel																					
Awaiting residence in L.A. home/hostel																					
• Resident at L.A. expense in other residential homes/hostels																					
Resident at L.A. expense by boarding out in private household																					
(f) Receiving home visits and not included under (b) to (e)	3	6	262	528					-	-	58	61	8	10	23	43	11	16	343	632	1,002

NOTE: Figures should refer to the Authorities own patients only, including those attending a centre belonging to another Authority.

As it is possible for patients to be included in more than one of the categories listed, item 3(a) may not be a total of items 3(b) to (f), but is intended to be the total number of patients under care at the end of the year. Patients receiving or awaiting voluntary services should be included. Item 3(e) should not include patients already included in item 3(c)

## Number of patients awaiting entry to hospital, or admitted for temporary residential care during 1962

Referred by	Mentally ill				Psychoopathic				Subnormal				Severely subnormal				Totals				Grand Total
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
1. Number of patients in L.H.A. area on waiting list for admission to hospital at 31.12.62.																					
(a) In urgent need of hospital care													5	1			5	1			6
(b) Not in urgent need of hospital care											2		3		2		3		4		7
(c) TOTAL											2		8	1	2		8	1	4		13
2. Number of admissions for temporary residential care (e.g. to relieve the family)																					
(a) To N.H.S. hospitals										1	1		1	1	1		1	2	2		5
(b) To L.A. residential accommodation									1								1				1
(c) Elsewhere																					
(d) TOTAL									1	1	1		1	1	1		2	2	2		6

NOTE: Persons shown in item 1 above should also be included in the figures of patients under L.H.A. care in item 3 of Part 1 of this form.



## SECTION VII

### NATIONAL ASSISTANCE ACT 1948

"Cast me not off in the time of old age; Forsake me not when my strength faileth" - Book of Psalms.

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The prolongation of life is no virtue in itself. Our aim should be to make the "added years" as happy and as comfortable as possible. We should seek to "add life to years"; the battle to alleviate boredom, loneliness, neglect, apathy and misery must continue with increasing fervour.

The clash with "the enemies" of the elderly will possible intensify as the problem of old age becomes one of the major problems of to-day. The extent of the problem can only be appreciated when it is realised that there are over five million people of retirement age in this country. It is estimated that in 1977 there will be seven million persons over the age of 65 years - that is one in 6 of the population.

Swansea will find that its population of 18,600 of retirement age will increase to 24,000 approximately. Are we prepared to accept this challenge? Are the policies of all interested organisations in step? What have the experiences and efforts of 1962 shown and what does 1963 hold in store?

#### Residential Accommodation

1962 has more than any other year indicated that our ideas of those needing residential accommodation must be revised. The type of resident we originally accepted we now realise needed only accommodation. The person admitted should need care and attention and this has obviously influenced our design of purpose built Homes.

At 31st December, 1962, residential accommodation was provided at the following homes:-

	<u>Type</u>	<u>Beds</u>
Earlsmoor, Bryn Road	Male	22
Norton Lodge, Mumbles	"	24
West Cross House, Mumbles	Mixed	43
Tuxedo, Eaton Crescent	Female	33
Ingledene, Eaton Crescent	"	24
Llanthewy, Eaton Crescent	"	31
St. Margaret's, Eaton Crescent	Mixed	41
Rose Cross House, Brenig Road, Penlan	"	60
Mount Pleasant Hospital	"	35

Admissions and Discharges to Residential Accommodation  
other than Mount Pleasant Hospital

	Earls- moor	Norton Lodge	West Cross House		St. Margaret's		Tuxedo	Ingledene & Llanthwy	Rose Cross House		TOTAL
			M	F	M	F			M	F	
No. of residents remaining at 31.12.61. ..	21	24	31	16	21	17	32	54			216
Admitted during 1962 .. ..	9	12	26	9	12	14	28	31	20	30	191
Discharged during 1962 .. ..	8	14	31	8	11	14	26	33	1	1	147
No. of residents remaining at 31.12.62. ..	22	22	26	17	22	17	34	52	19	29	260

Mount Pleasant Hospital

	Male	Female	Total
No. of residents on 31.12.61 .. ..	41	46	87
No. of residents admitted during 1962 .. ..	26	25	51
No. of residents discharged during 1962 .. ..	56	50	106
No. of residents remaining on 31.12.62. .. ..	11	21	32

"Rose Cross House"

Swansea has hitherto been obliged to provide residential accommodation in a joint user institution, viz. Mount Pleasant Hospital and in 7 large houses which have been adapted for that purpose. However, 1962 saw the opening on 5th December of Swansea's first purpose built Home for the Aged at Brenig Road, Penlan. "Rose Cross House", as it is named, was designed to cater for 60 residents and is sited within easy reach of shops and other local amenities on a post war housing estate.

In accordance with council's policy it is a mixed Home, and a forerunner of other purpose built Homes to be erected in other parts of the County Borough - Bonymaen and Sketty.

Analysis of Age Groups of Persons in Permanent  
Residential Accommodation 31st December, 1962

	Under 50 yrs.	50-60 years	60-70 years	70-80 years	80-90 years	Over 90 yrs.	TOTAL
Mount Pleasant Hospital ..	1	6	11	4	9	1	32
Earlsmoor .. ..	-	-	3	7	8	4	22
Norton Lodge .. ..	-	-	-	12	9	1	22
Rose Cross House .. ..	-	2	6	24	15	1	48
Tuxedo .. ..	-	-	2	17	12	3	34
Ingledene .. ..	-	-	2	7	13	2	24
Llanthwy .. ..	-	-	2	10	15	1	28
St. Margaret's .. ..	-	-	2	18	16	3	39
West Cross House .. ..	-	-	7	17	17	2	43
TOTAL .. ..	1	8	35	116	114	18	292

# PERSONS IN RESIDENTIAL ACCOMMODATION

The following return was submitted to the Welsh Board of Health, of persons present on the night of 31st December, 1962 in accommodation provided under Part III of the National Assistance Act, 1948.

				PERSONS (EXCLUSIVE OF STAFF) RESIDING IN					
				Homes in the possession of the Council, whose normal bed complement for residential accommodation is			Premises vested in the Minister as hospitals	Accommodation provided on behalf of the Council by voluntary organisations	TOTAL
				(1)	(2)	(3)			
1	Not materially handicapped	aged	M	35	58	-	2	2	97
2			F	64	41	-	10	1	116
3		not aged	M	-	1	-	1	-	2
4			F	-	1	-	1	-	2
5	Blind	aged	M	6	1	-	-	1	8
6			F	3	3	-	-	1	7
7		not aged	M	-	-	-	-	-	-
8			F	-	-	-	-	-	-
9	Deaf	aged	M	-	2	-	-	-	2
10			F	-	1	-	1	-	2
11		not aged	M	-	-	-	-	-	-
12			F	-	-	-	1	-	1
13	Epileptic	aged	M	-	-	-	-	-	-
14			F	1	1	-	1	-	3
15		not aged	M	-	-	-	-	-	-
16			F	1	-	-	-	-	1
17	Others physically handicapped	aged	M	3	1	-	1	-	5
18			F	10	7	-	1	-	18
19		not aged	M	-	-	-	1	1	2
20			F	-	-	-	3	1	4
21	Mentally handicapped	aged	M	-	2	-	1	-	3
22			F	7	5	-	2	-	14
23		not aged	M	-	1	-	5	-	6
24			F	-	5	-	1	-	6
25 GRAND TOTAL				130	130	-	32	7	299
Number of homes in which these persons reside				5	3	-			8

	Aged	Other
Persons accommodated on behalf of other local Authorities	9	-
Persons accommodated as residents by other local authorities on behalf of the Council (not included above)	2	-



The reasonable number on the waiting list is the direct result of the Welfare staff's efforts to secure alternative accommodation whenever applicants are deemed not to be in need of care and attention.

### Part III Accommodation, Mount Pleasant Hospital

"Rose Cross House" with 28 beds available for male residents enabled this authority to transfer 15 men from Block I, Mount Pleasant Hospital. A reorganisation of Block 10, where hitherto elderly ladies had been accommodated, provided the remaining 12 residents (male) with alternative accommodation.

The Health Committee was then able to relinquish the tenancy of Block I and so an important stage has at last been reached in the aim to vacate Part III Accommodation at Mount Pleasant Hospital.

In 1948 the Swansea County Borough Council was responsible for the accommodation of 215 residents in Mount Pleasant Hospital but this figure has now dwindled to 35 (23 females and 12 males). It is hoped that 1963 will see a further reduction, but is not anticipated that the final release of Block 10 will be effected before 1965.

### "West Cross House", Higher West Cross Lane

This Home which was opened in July, 1954 was originally planned to provide 3 lounges - 2 on the ground floor and one for the female residents on the 1st floor. The demand for accommodation over the years has however been so heavy that one lounge had been "sacrificed" to provide 5 beds for the more infirm type of male resident. The opening of "Rose Cross House", However, provided ground floor accommodation for infirm residents and the subsequent transfer enabled the original plan of 2 ground floor lounges to be effected.

The reduction in the number of residents and the increase in lounge accommodation has enhanced the standard of "West Cross House" and has made it without doubt a perfectly sited Home with an atmosphere which is a credit to its residents and staff.

### "Earlsmoor", Bryn Road

Since the Home was opened in July, 1951 the heating of the bedrooms has invariably presented a problem in Winter time.

Unfortunately the central heating of the house does not extend to the bedrooms, only to the ground floor and basement.

Twelve electric convector heaters were purchased at a cost of approximately £100 and the problem of cold bedrooms now no longer exists.

### Medical Arrangements

Residents of Homes for the Aged are encouraged to retain their own doctors. If this is not practicable, as in the case when distance between the general practitioner's normal practice and the Home is prohibitive, arrangements are made for them to be transferred to the list of a local general practitioner of their own choice.

Regular visits to the Homes are made by the Senior Assistant Medical Officer who advises staff on any problems of a medical nature and such matters as diet, hygiene etc.

All applications for admission must be accompanied by medical certificates from the general practitioner in attendance as well as a recent chest X-ray report.

During the year, periodic tests were carried out and four suspect cases of diabetes were found. These were referred to their general practitioners when the necessary action and treatment was given.

## Care and Protection of Property

Where a person is either admitted to hospital as a patient or is provided with accommodation under Part III of the National Assistance Act 1948 and it appears to the Council that there is a danger of loss of, or damage to, any moveable property of his/her by reason of inability to deal with the matter, and no other suitable arrangements are being made, it is the duty of the Council to take reasonable steps to prevent or mitigate loss or damage.

During 1963 cash, valuables, bank books, to the approximate value of £11,000 were handled by my welfare staff. This was in addition to the securing of premises and other incidental tasks with which they were called upon to deal.

Apart from the responsibilities placed on the staff when handling cash and valuables, the problems of disposal involves a substantial amount of administrative time both in legal consultations and in instigating enquiries regarding relatives etc. In many cases the Treasury Solicitor was consulted and his instructions for disposal requested.

## Amenities at Homes for the Aged

Residents in all our Homes enjoy amenities which one would expect in all good homes and have little luxuries such as sweets, tobacco, cigarettes. Most elderly people spend a good deal of time indoors and, for their amusement, periodicals, newspapers and indoor games are provided as well as books from the local library, at least one television set and radio is provided in each Home.

Every effort is made to encourage residents to remain as active as possible and with this in view all are encouraged to play an active part in the running of the Homes. The assistance of the ladies is for instance welcomed in preparing tables for meals, washing and drying dishes, carrying out repairs to residents clothing etc. Men are encouraged to undertake hobbies (particularly carpentry) and handicrafts.

A handicraft instructress is employed to supervise and encourage handicraft work and with financial incentives it has been possible to stimulate residents' interest in such matters. The incentives referred to are payments such as 10/- for completing a bedside rug, 2/6d. for a lamp shade etc.

With residents having complete freedom to come and go as they wish and freedom to have visitors at any reasonable hour the Homes for the Aged as far as is humanly possible are Homes in the true sense of the word.

Every effort has been made to get away from the clinical atmosphere and residents are encouraged to bring their little items which will give their rooms a 'homely touch'.

There is no substitution for one's normal home but to an elderly person a Home for the Aged is a good second best.

## Entertainment and gifts

We cannot begin to acknowledge the debt which is owed to so very many people and organisations for the effort and sacrifice made in providing entertainment for the Homes.

Television has proved itself a boom to the 'Housebound' resident but a 'live' show is invariably received with open arms.

During 1962 the residents of all Homes have been entertained on numerous occasions by choral, glee parties, film shows etc. from various religious and social organisations. The generosity of these organisations and the hours of enjoyment given the residents is greatly appreciated.

The generosity of people outside the Homes has not been restricted to the provision of entertainment. For example, Swansea's 'Round Table' has adopted "St. Margaret's", Eaton Crescent, and during the year provided residents with two half-day trips to Gower. The 'Round Tablers' also make transport available to the Home whenever required, especially on occasions when residents wish to attend places of entertainment or worship.

Every autumn the Homes for the Aged are recipients of the proceeds of Harvest Festivals of local churches, chapels and schools. The flowers, fruit and vegetables are indeed a sight and a credit to all concerned.

Such gestures are most appreciated by our aged residents and remind them of the fact that they have not been forgotten, particularly by the younger generation.

### Payment for Accommodation

A person for whom accommodation is provided by a local authority under Part III of the National Assistance Act 1948, pays for the accommodation in accordance with his financial status.

The standard charge is reviewed annually, and during 1962, was increased from £6 - 0 - 2 per week to £6 - 2 - 6. The charge compares favourably with those for Homes administered by other Local Authorities. The minimum charge is £2 - 6 - 0 per week.

Possession of capital assets exceeding £600 creates automatic liability to pay the full charge but War Savings to a maximum of £375 are totally disregarded. In the case of capital below £600 the first £100 is disregarded and amounts up to £500 are regarded as producing a notional income of 6d. per complete £25.

In assessing a resident's ability to pay, regard is given to pocket money allowance of 11/6d. weekly. The Second Schedule to the Act also provides that certain income is disregarded, e.g. the first 15/- weekly of Superannuation payments and Friendly Society benefits, and the first 30/- weekly of certain disability benefits and pensions - subject to the aggregate amount disregarded not exceeding thirty shillings.

At the 31st December, 1962 approximately 10.24% of persons in residential accommodation were paying the standard charge of £6 - 2 - 6 weekly 80.89% paid the minimum charge of £2 - 6 - 0 per week.

It is customary for residents' pensions to be cashed and collected by an officer of the Department, following which the Borough Treasurer makes payable to each resident the pocket money for which he or she qualifies.

Details of residents payments:-

Range	%
Full charge £6 - 2 - 6	10.24
£4 - 0 - 0 - £6 - 2 - 6	1.02
£3 - 0 - 0 - £4 - 0 - 0	2.73
£2 - 7 - 0 - £3 - 0 - 0	5.12
Minimum charge £2 - 6 - 0	80.89



## Annual Outings

A regular annual feature of the residents' activities is the Summer Outing. After consultation with the residents, the venue of the outing is chosen and the Homes go in two groups - Ladies Homes make up one party, and the Male and Mixed Homes another.

One group visited Symonds Yat, and the other Llanfair Gardens, Near Cardiff. Both groups had a thoroughly enjoyable day and it is hoped that the outings of 1963 will be as successful.

Apart from the Annual Outing, the expenses of which are borne by the Swansea County Borough Council, some Homes organise and meet the expenses of additional evening and day excursions.

A great deal of the enjoyment of such activities is in the planning, anticipating and also in the reminiscing.

## Arrangements with Voluntary Bodies and other Local Authorities

Section 32 of the National Assistance Act 1948 states that, if an Authority provides accommodation or certain services for a person ordinarily resident in the area of another Local Authority, they may recover the expenses incurred from the Authority of the area of residence.

Persons provided with residential accommodation during 1962 by other local authorities and voluntary organisations for whom Swansea County Borough Council accepted responsibility were accommodated as follows:-

Cripplecraft	1
Glamorgan County Council	2
British Legion	2
Jewish Home	1
Glynn Vivian Home of Rest for the Blind	2
Coomb House Cheshire Home	1
David Lewis Epileptic Colony	1
	<hr/> 10

Persons provided with residential accommodation during 1962 by Swansea County Borough Council for whom other local authorities have accepted financial responsibility are as follows:-

Bristol City and County Council	1
Cardiff County Council	1
Carmarthenshire County Council	2
Devonshire County Council	1
Glamorgan County Council	3
Cardiganshire County Council	1
Somerset County Council	1
	<hr/> 10

## Registration of Voluntary Homes

Sections 37 to 40 of the National Assistance Act, 1948, contain provisions under which private individuals or organisations can operate Homes for Aged or Disabled Persons. These Homes must, however, be registered by the County or County Borough Council in which the Home is situated. Registration, which can subsequently be revoked, is dependent upon the fulfilment of certain conditions, e.g. satisfactory management, staffing, equipment, services, facilities and situation, etc. Officers of the registration authority are empowered to enter and inspect at all reasonable times any premises used or believed to be used for this purpose.

Four Voluntary Homes in Swansea are registered and are the subject of inspection by the Department's authorised officers. The Homes are:-

Nazareth House, Bishopston.

Glynn Vivian Home of Rest for the Blind, Caswell.

Bloomfield Eventide Home.

"Lansdowne", Groves Avenue, Langland.

### The Mayoral Christmas Fund

As in 1961, this department undertook, at His Worship the Mayor's request, the investigation of applications and the distribution of Christmas gifts to the needy of the town.

Over 500 visits were made by the authority's welfare officers in connection with this fund and, although it added to the demands on the social workers, it was in fact, in most cases, a pleasant duty to undertake.

It was found that this Christmas Fund was a means of contacting persons who also qualified for benefits from many other social services; the Fund, therefore, proved a worthwhile contact with persons who otherwise would not have availed themselves of the Town's services.

### Temporary Accommodation

Section 21 (1) (b) of the National Assistance Act, 1948 places a responsibility on this authority to provide temporary accommodation for persons who are in need thereof, as distinct from the provision of residential accommodation, as a result of fire, flood or other unforeseen circumstances.

"Temporary accommodation" was primarily intended to meet emergencies, but it has, in practice, been used mainly for families evicted from their homes for non payment of rent, disagreement with relatives etc.

Until January 1959, temporary accommodation was provided at Mount Pleasant Hospital, a former poor law institution, but, as in other towns, this arrangement proved unsatisfactory and other arrangements were made by using Cwmllywd Hostel, Waunarlwydd, for this purpose.

These premises provide families with simply furnished rooms with facilities for cooking etc. Admission is authorised only as a last resort and after every other alternative measure has been considered. Accommodation is limited to 3 months and is provided only for women and children.

A problem which, prior to 1959, assumed frightening proportions and was a "thorn in the side" of the Authority has now become quite manageable, when the records of Temporary Accommodation are examined and it is remembered that, for example, in December, 1954 10 males, 21 females and 29 children, totalling 60 persons, were resident in Temporary Accommodation for an unlimited period, the following figures for 1962 are most satisfactory.

### Admissions and discharges during 1962

Cwmllywd	Male	Female	Children	Total
No. of residents accommodated on 31.12.61 .. .. .	1	6	15	22
No. of residents admitted during 1962 .. .. .	-	35	69	104
No. of residents discharged during 1962 .. .. .	1	40	84	125
No. of residents remaining on 31.12.62 .. .. .	-	1	-	1

# PERSONS IN TEMPORARY ACCOMMODATION

			Persons (exclusive of staff) residing in				
			Premises in the possession of the Council		Premises vested in the Minister as hospitals	Accommodation provided on behalf of the Council by voluntary organisations	TOTAL
			used only for temporary accommodation	Other			
			1	2	3	4	5
Persons over age 16	evicted	Male	-	-	-	-	-
		Female	1	-	-	-	1
	other	Male	-	-	-	-	-
		Female	-	-	-	-	-
Children accompanied by persons over age 16	evicted		-	-	-	-	-
	other		-	-	-	-	-
Other Children			-	-	-	-	-
GRAND TOTAL			1	-	-	-	1

## NOTES ON CLASSIFICATION OF RESIDENTS FOR TABLE

- (1) Each person should be recorded on one line only of lines 1-24: a person suffering from more than one handicap should be classified according to major handicap.
- (2) The intention is to regard persons as aged, for the purpose of this return, if over 65 years old but the distinction between aged and not aged is intended to be a broad one made by general appraisal and without recourse to precise records.
- (3) Lines 1 to 4: "Not materially handicapped" means without specific handicap other than the infirmity of age.
- (4) Lines 5 to 8: certified "Blind", as defined in Section 64 of the National Assistance Act, 1948.
- (5) Lines 9 to 12: "Deaf" as defined in Circular 32/51.

PART II - REGISTRATION OF OLD PERSONS' AND DISABLED PERSONS' HOMES (SECTION 37-40 OF THE NATIONAL ASSISTANCE ACT, 1948) AND HOMES FOR THE MENTALLY DISORDERED (SECTION 19-21 OF THE MENTAL HEALTH ACT, 1959).							
New registrations effected in 1962		Registrations cancelled in 1962 ‡		Type of Homes	Homes on the registrar on the night of 31.12.62.		Applications for registration refused in 1962
Number of Homes	Number of residents for whom provision is made *	Number of Homes	Number of residents for whom provision is made *		Number of Homes	Number of residents for whom provision is made *	
-	-	-	-	Homes for Old Persons	2	29	-
-	-	-	-	Homes for Disabled Persons	1	32	-
-	-	-	-	Homes for Old Persons and Disabled Persons	1	31	-
				Homes for Mentally Disordered Persons	-	-	-
-	-	-	-	TOTAL	4	92	-

\* Exclusive of staff. ‡ including voluntary closures.



## Emergency Calls

The 24 hour service maintained by the welfare staff, in respect of the aged of the town, is also available to meet applications for temporary accommodation and vagrancy.

The arrangements made with the National Assistance Board continued to operate in 1962, and, as experienced in previous years, it was found that railway vouchers, issued to this Authority, enabled Welfare Officers to facilitate the transfer of vagrants to a reception centre immediately, without being forced to admit to Part III Accommodation, as an interim measure.

## Burial of the Dead

Section 50, National Assistance Act 1948, places upon the local authority the duty of causing to be buried or cremated the body of any person who has died, or been found dead in the area, where no other suitable arrangements for the disposal of the body have been made.

During 1962, 9 burials (including 1 cremation) have been carried out in accordance with the provisions of the National Assistance Act at a cost of £150 - 12 - 8 of which £118 - 18 - 7 was recovered.

Persons dying in their own Homes	4
Persons dying in Homes for the Aged	1
Others	4
	<hr/>
	9

## Hospital Management Committees

In Swansea co-ordination is really effective and at officer level a very close liaison is maintained. The main problems as far as both bodies are concerned are the discharge of elderly patients from hospital to their own homes or residential accommodation and the admission of cases from Local Authority Homes for the Aged and urgent cases on the "districts".

Dr. T. McCarthy, the Consultant Geriatrician, is in "constant touch" with myself and social workers and, due to the shortage of beds, I am most grateful, for his assistance, which is always available.

## Other Departments of the Local Authority

There are other spheres where co-operation is good, i.e. between Housing, Borough Engineer's and Borough Architect's Departments.

It is possibly more important to maintain close collaboration with the Housing Department than any other in view of the housing needs of the elderly and physically handicapped.

The climax of the particular inter-departmental co-operation has been seen in the administration of the "Thomas Harris House" at West Cross.

The building, which was officially opened in 1962, caters for 11 aged persons, who are accommodated in self-contained flatlets, all of which are under the supervision of an attendant who also resides on the premises. A communal lounge is used by the residents for tele-viewing and for recreation.

The property was erected at a cost of £20,314 which was paid by the Housing Committee. The running costs, which include the Attendant's salary and rent of her flat, are chargeable to the Health Committee and total approximately £770.

The selection of residents is mutually agreed by the Housing and Health Committees. The Housing Committee submits lists of applicants to the Health (Welfare) Department which, in turn, investigates each case and reports on the degree of priority pertaining to the case.

The success of this venture is reflected in the large number of applications being received for consideration for any vacancy which occurs in the "House" and proves the need for this type of accommodation as an alternative to the residential accommodation provided under the 1948 National Assistance Act.

In "Thomas Harris House", the residents naturally feel more independent as they live in their own units, performing their domestic duties, such as cooking and cleaning, among their own furniture.

The Borough Architect and Engineer are in close touch with me on all matters relating to the Aged and physically handicapped and I refer in particular to design of Homes for the Aged and structural alterations to enable physically handicapped and aged persons to lead as normal a life as possible in their own homes.

I am grateful for the excellent co-operation which exists between all agencies, both voluntary and statutory, and the department.

### Domiciliary Services

#### Recent Legislation

Section 31 of the National Assistance Act permits local authorities to make contributions to the funds of any voluntary organisation whose activities include the provision of recreation or meals for old people.

On 24th May, 1962, the National Assistance Act, 1948 (Amendment) Act, 1962, received the Royal Assent. Under the new Act, the previous powers of local authorities under Section 31 of the 1948 Act are extended so as to enable them:

- (a) to assist voluntary organisations to provide meals or recreation for old people, by making contributions to the cost of the service; providing, by gift or loan or otherwise, furniture, vehicles or equipment; permitting them to use premises belonging to the local authority; and making available the services of local authority staff connected with the premises or vehicles which the organisation is permitted to use;
- (b) to provide meals and recreation for old people, either directly or through the agency of voluntary organisations, and to recover such charges (if any) as the authority may determine, having regard to the cost of the service.

According to Welsh Board of Health Circular 12/62 (Wales), the provisions of the Act will enable local authorities and voluntary organisations, working in partnership, to extend their arrangements for the care of elderly people and in particular to provide the support needed to enable many who are frail or handicapped to continue to live at home.

In January, 1962, the Welsh Board of Health issued Circular 2/62 (Wales) emphasising the need for consultation and collaboration between Local Health and Welfare Authorities and Voluntary Organisations providing health and welfare services. A working partnership on the lines indicated in the Circular is obviously closely linked with the extended powers contained in the 1962 Amendment Act and, at the close of the year under review, both matters were receiving the Authority's consideration.

#### Supportive and Preventive Services for the Elderly

To keep elderly people fit and healthy in their own homes is a task even more important than the provision of hostels. Old folk have an overwhelming desire to carry on in their own homes for as long as possible and will accept hostel life only when they feel that they can no longer cope in their own homes.



Some measures for the health and welfare of the elderly in their own homes are:-

### i. Visitation of the Elderly by Health Visitors

The statutory duty of the health visitor is to advise the whole family on matters of physical, mental and emotional health, and in recent years an increasing proportion of her work has been devoted to the care of the elderly. Her skilled advice on diet, clothing, proper balance of rest and exercise, and about the development of leisure interests in preparation for retirement, are of supreme importance in health maintenance of the elderly. When an old person is beginning to require material assistance (e.g. a home help, mobile meals service, or chiropody) the family health visitor assesses the need and initiates any necessary action. When an old person becomes perplexed about the various allowances possibly available to him, the health visitor can often remove his confusion. During 1962 the health visitors paid a total of over 8,134 visits to 3,156 elderly persons compared with 6,235 visits to 2,475 veterans during 1961. This shows a remarkable increase in the number of old folk visited, but as the health visiting staff are working under considerable pressure due to staff shortage, it is not surprising to find that the average number of visits per person during the year fell slightly.

### 2. Home Help Service

In 1962, 652 households of persons over 65 years of age received assistance from the Home Help Service compared with 657 households in 1961. With the increase in the number of elderly citizens in the community, a rise may occur concomitantly in the frail elderly. Should the number of frail aged increase during 1963 some expansion of the Home Help Service may again be required, for some of the frail aged may require a larger proportion of individual Home Help aid than can be given at present.

### Co-operation and Co-ordination with other Agencies

The current emphasis is on teamwork in the social field and the statutory and voluntary services were described on one occasion as the "skeleton" and the muscle of welfare bodies.

Co-ordination and co-operation are necessary in order that the various agencies can work harmoniously with each other with consequential benefit to the recipients of the service. Co-ordination in the social services is invariably achieved by collaboration and this is the endeavour of the authority at three levels, committee, administrative and field workers.

There are several fields of co-operation where, if not perfect co-operation has been obtained, at least all concerned are striving to this end.

### Voluntary Organisations

The voluntary services of Swansea are to be admired and thanked for their efforts and accomplishments on behalf of the aged of the town.

Life for many old people would be infinitely harder without the services provided by them and, of course, those of this authority.

(a) The Swansea Old People's Welfare Committee is alive to needs of the house-bound old people and, during 1962, established its first Day Centre at Walter Road Congregational Church. This centre is the forerunner of two others to be established at Mumbles and Morriston.

The Centre has been an unqualified success and its efforts to relieve boredom and loneliness have given members a feeling of being wanted.

Other services of the Swansea Old People's Committee include:-  
Firewood Service, Blanket Lending Service, Visiting Service, Laundry Service  
Escort of patients to Hospital Outpatients' Department.



The collaboration or "liaison" between the Committee and the Local Authority is assisted by the fact that the Chairman of the Health Committee, the Lay Administrative Officer, two members of my staff and myself serve on the Committee.

#### (b) Womens Voluntary Services

The Womens Voluntary Service in Swansea continues to flourish and expand and I refer particularly to the "Meals on Wheels Service" and "Darby and Joan Clubs".

The number of hot meals delivered during 1962 amounted to 6,677 and were most appreciated by the aged of the town.

The importance of the service is appreciated by the Health Committee and a grant of £100 was made, in 1962, to the Women's Voluntary Service towards the expansion of the "Meals on Wheels Service".

#### (c) British Red Cross

The activities of this internationally famous organisation needs no description and the Swansea Branch is a credit to the service.

An important function in Swansea is the escort of patients, including elderly, to Holiday Homes, Hospitals etc. Loans of nursing equipment are made which supplements that of the Home Nursing Service.

The Physically Handicapped Social Club in Sketty Road, which is sponsored by the British Red Cross, continues to flourish and includes among its members elderly physically handicapped.

Co-operation with the British Red Cross is normally at official level and a good working understanding exists.

#### 2. Round Table, Rotary and Friends of Mount Pleasant Hospital

I have already referred to the activities of "Round Table", which has adopted "St. Margaret's" Home for the Aged, The Friends of Mount Pleasant Hospital which has adopted Part III Accommodation, Mount Pleasant Hospital. The Rotary Club, although it has not adopted any particular Home, is extremely generous to the residents of all our Homes, especially at Christmas and Easter time.

#### Statutory Bodies

Co-operation is extremely good with all Area Offices of the National Assistance Board.

The granting of allowances to residents in Residential Accommodation - though routine in its nature - often provides the climate for increasing co-operation in other fields of welfare, for example the careful consideration given by the Board to special need grants where recommendation is forwarded by Local Authority Officers.

There is no doubt that the perfect relationship with the local National Assistance Board is due, in many cases, to the fact that a proportion of National Assistance Board officers have previous Local Authority service.

#### Welfare Services for the Deaf and Dumb

The Swansea County Borough Council, in exercising their powers under Section 29 of the National Assistance Act 1948, have inaugurated a scheme for promoting the welfare of the persons who are deaf and dumb and who reside in their administrative area.

The Council, employ as their agent the Swansea and District Deaf and Dumb Mission. Close collaboration is maintained between the Mission and the Department, and the arrangements have proved most practical and satisfactory. An annual grant of £400 is made to the Mission by the Council.

In a report on the activities of the Mission, received from Mr. Walter Robinson, the Superintendent, he says:-

"The Social Club has been very well attended throughout the year when the deaf play such games as billiards, snooker, darts, table tennis etc. Television is watched when there is plenty of action, but songs and parlour games are not much of an attraction."

During the early part of the year and again in the late autumn billiards, snooker, darts and table tennis tournaments are played against deaf teams of the other Missions in South Wales, both home and away such as Cardiff, Pontypridd, Bridgend, and such things are organised by the local deaf committees, giving them an added interest in their own affairs.

Regular Summer visits were paid to the field in Caswell where a new pavilion has been opened with cooking facilities and electric light. Many go there early Saturday mornings and again at Bank Holidays, and this enables them to have much more time at the bays.

Through the kindness of the management of the "Herald of Wales", 50 of our members were invited to see the circus during its visit to Swansea, and a feature programme of the Deaf in the Mission was shown on television in October.

Special week-ends, such as the Anniversary and the Harvest, attract large crowds to the Mission, as do the annual parties.

Regular visits are made to the homes for the Deaf and especially to the aged and sick, and regular Church Services are held in our Mission's chapel, where apart from the ministrations of the Superintendent, one Deaf and Dumb man is a licensed Reader.

#### Number on the Register on 31st December, 1963

		Children under age 16	Persons aged 16 - 64	Persons aged 65 and over
Register of Handicapped Persons (Deaf) without Speech .. ..	M	4	55	1
	F	3	50	3
Register of Handicapped Persons (Deaf) with Speech .. ..	M	4	4	-
	F	5	2	-
Register of Handicapped Persons Hard of Hearing .. ..	M	-	-	-
	F	-	-	-
Register of Handicapped Persons (General Classes) .. ..	M	3	113	26
	F	6	57	26
TOTALS		25	281	56

#### Welfare Services for the Physically Handicapped

Domiciliary visits made during the year number 924, an increase of 56 over the previous year, and the total number of physically handicapped persons registered with the authority has now risen to 224. Comparative figures for the three years 1960, 1961 and 1962 are shown in tabulated form.

From these, it can be seen that the annual increase of persons being registered would appear constant and it is envisaged that a similar trend will continue as the services provided by the authority become more widely known.

It must be appreciated that registration is effected mainly through application being made to the authority and it is not compulsory in any form.

## Social Centres for the Handicapped

In 1962, the existing services were extended to incorporate the formation of social centres throughout the town and, although this scheme is still in its infancy, three centres have been formed and two more are planned. Through the generous assistance of St. Nicholas Church, Townhill, a social centre meets monthly at the Church Hall, where disabled persons living within the parish are entertained by the Vicar, Curate and Churchwomen's Guild who arrange refreshments and artistes. Transport to and from the Hall is provided by the authority where necessary.

The centres have now been opened at the Hafod Brotherhood Hall in Odo Street and at the Workshops for the Blind in Morriston. Two more centres are planned at Broadway House, Sketty; and Toronto Place. It is intended that the Hafod, Morriston, Penlan, and Sketty centres should be autonomous, each centre having its own working committee and officers elected from its members.

There is no doubt of the enthusiasm which exists among the disabled and much progress can be expected.

## Adaptations to Homes of Handicapped Persons

Many applications have been dealt with for adaptations at the homes of physically handicapped persons and work in this connection has been completed over a wide range. In some cases, handrails have been erected to enable disabled persons to negotiate difficult approach steps and stairways. Concrete ramps for wheel chairs, garage sites for invalid cars and charging boards for electrically drawn invalid cars have been provided.

In several cases, equipment such as lifting hoists, lifting poles and rubber foam mattresses have been provided to enable a patient to be moved when this problem arises.

Four severely crippled cases are now maintained at special residential homes at Herne Bay, Liverpool, Llanstephan and Manchester, the cost being borne by this authority.

Holidays for four others were arranged. In each case the British Red Cross provided escorts to accompany the patients on both stages of the journey and, with the co-operation of the British Railways, who reserve a compartment for the entire journey and also provide facilities at termini, every effort is made to ensure the comfort of the patient. The costs of fares and accommodation are met by this authority.

Assistance and advice is constantly being requested and readily given.

## Handicrafts

Home occupation therapy scheme continues. It is most successful in the alleviation of boredom from enforced activity. Many disabled persons confined to their own room, very often bedridden, have been able to complete interesting and attractive articles, indicating a very keen sense of enthusiasm and desire to overcome their physical handicap.



GENERAL CLASSES  
ANALYSIS OF DISABILITIES

CODE	GENERAL CLASSES	MALE	FEMALE	TOTAL
A/E	Amputation	23	9	32
F	Arthritis and Rheumatism	7	27	34
G	Congenital Malformations and Deformities	9	3	12
H/L	Diseases of the Digestive and Genito-Urinary System; of the Heart or Circulatory System; of the respiratory system (other than Tuberculosis of the skin)	8	3	11
Q/T	Injuries of the Head, Face, Neck, Thorax, Abdomen, Pelvis or Trunk. Injuries or Diseases (other than Tuberculosis) of the Upper and Lower Limbs and of the Spine.	22	5	27
V	Organic, Nervous Diseases, Epilepsy, Disseminated Sclerosis, Poliomyelitis, Hemiplegia, Sciatica, etc.	61	34	95
U/W	Neurosis, Psychosis and Other Nervous and Mental Disorders not included in "V"	1	2	3
X or Y	Tuberculosis (Respiratory and Non-respiratory)	5	-	5
Z	Diseases and injuries not specified above	2	3	5
		138	86	224
	New Registrations during 1962 - 74.			
	Removals from register - 12.			

# REGISTER OF GENERALLY HANDICAPPED PERSONS

CODE	DISABILITY	Total at 31st December, 1962	Total at 31st December, 1961	Total at 31st December, 1960
A/E	Amputations	32	18	15
F	Arthritis and Rheumatism	34	24	19
G	Congenital Malformation Deformation	12	8	4
H/L	Diseases of the Digestive and Genito-Urinary systems, heart circulatory or respiratory and of the skin	11	7	5
Q/T	Injuries of the head, face and Thorax, Abdomen, Pelvis or Trunk.  Injuries or diseases of upper and lower limbs and Spine	27	21	19
V	Organic Nervous Diseases, Epilepsy, Disseminated Sclerosis, Polio, Sciatica, Hemiplegia etc.	95	74	39
U/W	Neurosis, Psychoses, and other Nervous and Mental Disorders not included above	3	2	1
X or Y	T.B. Respiratory Non-Respiratory	5	5	2
Z	Diseases and Injuries not Specified above	5	3	1
	TOTAL	224	162	105

Analysis of Disabilities of Registration in  
1962

Amputation:-							
	Both legs	..	..	..	..		3
	Left leg	..	..	..	..		8
	Right leg	..	..	..	..		4
	Left arm	..	..	..	..		1
Arthritis	..	..	..	..	..	..	13
Congenital defects	..	..	..	..	..	..	6
Cardiac	..	..	..	..	..	..	3
Epilepsy	..	..	..	..	..	..	7
Hemiplegia	..	..	..	..	..	..	5
Injuries	..	..	..	..	..	..	6
Muscular dystrophy	..	..	..	..	..	..	2
Disseminated sclerosis	..	..	..	..	..	..	2
Poliomyelitis	..	..	..	..	..	..	3
Spastic	..	..	..	..	..	..	1
Respiratory (other than Tuberculosis)			..	..	..	..	1
Other nervous diseases	..	..	..	..	..	..	6
T.B. (surgical)	..	..	..	..	..	..	1
Others	..	..	..	..	..	..	2
TOTAL							74



## WELFARE OF THE BLIND

The year 1962 was again one of progress and activity in the section of the Department dealing with the welfare of the blind, and the following report illustrates the type of services provided in helping blind persons to lead as normal a life as possible. The blind persons range from pre-school children, fortunately few in number, through the age groups.

Welfare and visiting of blind persons is done by the home teachers of the blind, who care for all types of registered blind persons, whether requiring teaching, rehabilitation, general social welfare, or friendly visiting.

3,395 visits were made and 106 visits were made to arrange for examination by our Ophthalmic Surgeon, in addition to visits to hospitals and accompanying blind persons to and from Hearing Aid Clinics, Hospitals, Opticians, and the Ministry of Labour.

The Workshops for the Blind, which also provide sheltered employment for severely disabled sighted persons, continue to expand. The majority of employed blind persons in Swansea are in fact in the sheltered workshop, which is contrary to the position in Great Britain as a whole, where more blind people yearly are taking their place side by side with sighted persons in open industry.

Most of the charitable functions, previously undertaken by the Swansea and South Wales Institution for the Blind, are now carried out by the voluntary organisation "The Swansea and District Friends of the Blind". There is a close liaison existing between this organisation and the department, and they provide grants for extra amenities and pay for services which cannot be undertaken from Statutory Funds. I should like to place on record the valuable contribution that this Society is making towards the welfare of blind people in this locality.

The local authority has five representatives on the Wales and Monmouthshire Regional Council for the Blind, and the Annual Conference at Shrewsbury was attended.

The National Placement Service for the Blind of the Royal National Institute for the Blind continues to serve Swansea County Borough. This service aims at placing blind persons in open industry; several blind persons were considered without success, due mainly to the type of industry in the area.

Some details of the services for blind persons follow.

### Home Visiting

This is done by the qualified staff. Their duties are many and varied, including:-

- (1) Discovery of blind persons and ascertainment of their needs.
- (2) The visitation of blind persons in their homes or elsewhere within the area of the County Borough.
- (3) Teaching them whenever practicable to read embossed literature.
- (4) Instructing them in simple pastime occupations in their homes or elsewhere, and in methods of overcoming the effects of their disabilities.
- (5) Generally assisting in promoting their welfare.
- (6) Advising blind persons of all available social services.
- (7) Paying particular attention to those blind persons who are also suffering from some other form of handicap.
- (8) Organising social centres and classes.

## Home Instruction in Braille, Moon, Music and Deaf/Blind Manual

Blind persons were taught braille, moon, braille music and handicrafts. One man, who returned to work in his own shop, was taught typing to assist him in his correspondence. Four blind persons were made members of the National Library for the Blind but the total remains at twenty-six members, some readers having ceased to have books for the time being, mainly because they now have Talking Books.

The ability to read, though so few blind persons possess it, is most valuable and opens the door to knowledge and relaxation.

### Blind Homeworker

Our only homeworker in our approved Homeworkers Scheme for the Blind continued as a Braille copyist.

### Social Activities

The success of the Toronto Place Social Centre continues, and similar ones are now held at Townhill Community Centre and the Y.M.C.A. At all Centres, regular programmes have been arranged. Three outings, one to Monmouth in July, an afternoon at Rhossili, and a half day tour of the Black Mountains in September were arranged from the Social Centres and the Swansea and District friends of the Blind gave a day's outing to Carmarthen and Llanstephan for the whole of Swansea's blind population in June. Later enjoyable Christmas Parties were held at each Centre, and another for the whole of Swansea was arranged by the Swansea and District Friends of the Blind at the Patti Pavilion. All these activities are much enjoyed.

Christmas Gifts of £1 - 0 - 0d. were given to each of our unemployed blind by the Swansea and District Friends of the Blind, the majority of these gifts being disbursed by the Home Teachers.

Holidays were again provided for 11 blind persons at the Glynn Vivian Home of Rest for the Blind at Caswell, and for 5 blind persons at The Rest for the Blind, Southerndown; railway fares were paid by the Authority for 3 blind persons to visit relatives to enable them to have a holiday, which otherwise they could not have afforded.

Wireless Sets for the Blind. These important and helpful amenities, of which 30 were new ones, supplied free of charge by the Wireless for the Blind Fund, were distributed by the Blind Welfare Section. Repairs of older sets, arranged by the Department were paid for by the Swansea and District Friends of the Blind, as were any necessary batteries. Rediffusion was also arranged at a reduced rate for those who required it, in conjunction with the Wireless for the Blind Fund. Wireless licences are provided free of charge for any registered blind person, not in an Institution.

Guide Dogs for the Blind. The first person in Swansea successfully completed the training and is now able to come and go about her affairs as she wishes.

Talking Books. The waiting list for these is now much shorter and consists of only three persons, two of whom are new applicants.

Grants were provided in needy cases, through application of my officers either to the National Assistance Board or to the Swansea and District Friends of the Blind.

Chiropody. As in previous years, this much appreciated service is provided at Earlsmoor, for blind persons able to attend - a conveyance being provided where necessary. An average of seven persons attend each weekly session - the Swansea and District Friends of the Blind pay the 2/6d. nominal charge on behalf of each blind person.

Apparatus for the Blind - has been provided in ever increasing quantities. The items are, in the main, paid for by the Swansea and District Friends of the Blind, and include talking book machines, clocks, watches, self-threading needles, folding and plain white sticks, writing frames, and other articles.

Examinations by Ophthalmic Surgeon. The number of examinations carried out by the Ophthalmic Surgeon for registration was 109. Cases are referred to the Department by the family doctors, health visitors, welfare officers, officers of the National Assistance Board and the hospitals. In addition to ascertaining whether a person is "blind within the meaning of the Act" sight can be saved by timely treatment.

Organisations. The help received from the National Assistance Board, Ministry of Labour, Royal National Institute for the Blind, National Library for the Blind, Swansea and District Friends of the Blind, British Red Cross, and Women's Voluntary Service assist the department greatly in their welfare work for the blind, and is much valued.



# BLIND PERSONS

## Registration

The number of persons newly registered as blind during 1962, in accordance with the National Assistance Act, 1948, numbered 35. 4 people left the district, 8 entered the district, 2 persons were decertified on improvement of vision and there were 41 deaths, leaving the total number on the blind register on 31st December, 1962 as 363 - 4 less than 1961.

Table i illustrates the age periods of the registered blind persons and Table ii illustrates the age at onset of blindness.

TABLE i

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Unknown	TOTAL
M	-	-	-	1	-	2	1	1	3	8	13	16	12	16	39	12	19	4	-	147
F	-	-	-	1	-	-	1	1	2	7	16	14	18	17	66	36	24	14	-	216
TOTAL	-	-	-	2	-	2	2	2	5	15	29	30	30	33	105	48	43	18	-	363

TABLE 2

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Unknown	TOTAL
M	10	1	-	-	-	11	2	5	10	10	15	13	11	18	26	13	1	1	-	147
F	19	-	2	1	-	5	2	2	8	8	17	23	18	25	56	18	10	2	-	216
TOTAL	29	1	2	1	-	16	4	7	18	18	32	36	29	43	82	31	11	3	-	363

It will thus be seen that the majority of blind people on the register are aged 65 and over, which is the case throughout the British Isles. However, in Swansea many of these are active and mentally alert, including some of those over 90 years of age.

TABLE III

(As at December 31st, 1962)

	Birth		1 year		20-29		30-39		40-49		50-64		65-69		70 & over		TOTAL		GRAND TOTAL
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Cataract .. ..	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	5	2	5	7
Cataract and other causes ..	-	-	-	-	-	-	-	-	-	-	-	1	2	1	1	3	1	6	7
Macula Degeneration ..	-	-	-	-	-	-	-	-	-	-	1	-	-	-	2	3	3	3	6
Glaucoma .. ..	-	-	-	-	-	-	-	-	-	-	2	-	2	-	-	2	4	2	6
Diabetic Retinopathy ..	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	2	2
Occlusion Retinal Artery ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	1	2
Detachment of Retina ..	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	2	2
Corneal Dystrophy ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1
Retinopathy of Prematurity ..	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Injury .. ..	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	1
TOTAL	-	1	-	-	-	-	-	-	-	1	3	2	3	5	5	15	11	24	35

An analysis of the education, training and employment of the blind population is given in Tables IV and V.

Table IV

Summary of the occupation of Blind Persons as at 31.12.62.

			Males	Females	TOTAL
<u>CHILDREN:-</u>					
Aged 5 - 15 years	<u>EDUCABLE</u>				
	Attending Special School for the Blind	.. ..	2	1	3
	<u>INEDUCABLE</u>				
	At home or elsewhere	.. ..	1	-	1
Aged 2 - 4 years	<u>EDUCABLE</u>				
	At Sunshino Home	.. ..	1	-	1
	<u>INEDUCABLE</u>				
	At home or elsewhere	.. ..	-	1	1
	TOTAL	.. ..	4	2	6
<u>ADULTS AGED 16 YEARS AND UPWARDS:-</u>					
Undergoing training	.. ..	.. ..	3	1	4
Employed in Workshops for the Blind and Remploy	.. ..	.. ..	17	6	23
Home Workers Scheme for the Blind	.. ..	.. ..	-	1	1
Employed in open employment	.. ..	.. ..	11	-	11
Unemployed but capable and available for work:					
Already trained	.. ..	.. ..	2	-	2
Subject to being trained	.. ..	.. ..	-	1	1
Without training	.. ..	.. ..	3	1	4
Not available for work, aged 16 - 59	.. ..	.. ..	5	20	25
" " " " 60 - 64	.. ..	.. ..	-	4	4
Not capable of work, aged 16 - 59	.. ..	.. ..	7	9	16
" " " " 60 - 64	.. ..	.. ..	9	14	23
Not employed, aged 65 and over	.. ..	.. ..	86	157	243
	TOTAL	.. ..	143	214	357
	GRAND TOTAL	.. ..	147	216	363
Number of persons registered under the Disabled Persons (Employment) Act, 1944 (included in above total)	.. ..	.. ..	36	9	45

Table V

Analysis of the Occupations of Employed Persons shown in Table IV.

	Within Workshops for the Blind	In approved Home Workers Scheme	Others not pastime workers	TOTAL
Basket Workers .. ..	3	-	-	3
Mattress Makers .. ..	2	-	-	2
Braille Copyists .. ..	-	1	-	1
Brush Makers .. ..	6	-	-	6
Factory Operatives .. ..	-	-	4	4
Home Teachers .. ..	-	-	2	2
Legal Profession .. ..	-	-	1	1
Machine Knitters .. ..	3	-	-	3
Massage and Physiotherapy .. ..	-	-	2	2
Mat Makers .. ..	3	-	-	3
Office Executives .. ..	-	-	1	1
Piano Tuners .. ..	1	-	-	1
Porters, Packers and Cleaner .. ..	-	-	1	1
Box Makers .. ..	1	-	-	1
Flower Makers .. ..	3	-	-	3
Working Proprietor .. ..	-	-	1	1
TOTAL .. ..	22	1	12	35



# Registration of Partially Sighted Persons

Table 1 - Total Number on Register - Age Groups and Sex

					Males	Females	TOTAL
Aged 2 - 4 years	..	..	..	..	-	2	2
" 5 - 15 "	..	..	..	..	-	2	2
" 16 - 20 "	..	..	..	..	-	3	3
" 21 - 49 "	..	..	..	..	5	1	6
" 50 - 64 "	..	..	..	..	4	11	15
" 65 and over	..	..	..	..	18	30	48
TOTAL	..	..	..	..	27	49	76

Table 2 - Cases newly registered (excluding re-certifications  
and transfers from Other Areas

## Age at Date of Registration

					Males	Females	TOTAL
Aged 2 - 4 years	..	..	..	..	-	-	-
" 5 - 15 "	..	..	..	..	-	-	-
" 16 - 20 "	..	..	..	..	-	-	-
" 21 - 49 "	..	..	..	..	1	-	1
" 50 - 64 "	..	..	..	..	1	3	4
" 65 and over	..	..	..	..	7	2	9
TOTAL	..	..	..	..	9	5	14

Table 3 - Removals from Register during the Year for  
Reasons set out below

(a) On Admission to Blind Register							
					Males	Females	TOTAL
Aged 21 - 49 years	..	..	..	..	-	-	-
" 50 - 64 "	..	..	..	..	-	-	-
" 65 and over	..	..	..	..	1	1	2
TOTAL	..	..	..	..	1	1	2
(b) On Decertification due to Improved Visual Acuity							
					Males	Females	TOTAL
Aged 50 - 64 years	..	..	..	..	-	-	-
" 65 and over	..	..	..	..	2	4	6
TOTAL	..	..	..	..	2	4	6

## Causes of Partial Sight during 1962

					Males	Females	TOTAL
Cataract	..	..	..	..	2	1	3
Cataract with other causes	..	..	..	..	2	1	3
Glaucoma	..	..	..	..	2	-	2
Macula Degeneration	..	..	..	..	1	1	2
Diabetic Retinopathy	..	..	..	..	-	1	1
Congenital Corneal Dystrophy	..	..	..	..	-	1	1
Retinitis Pigmentosa	..	..	..	..	1	-	1
Haemionopia	..	..	..	..	1	-	1
TOTAL	..	..	..	..	9	5	14

Table 4 (i) - Class A - Persons near and Prospectively  
Blind (age 16 and over)

	Males	Females	TOTAL
<u>EMPLOYED:-</u>			
Aged 21 - 49 years .. .. .	3	1	4
" 50 - 64 " .. .. .	1	-	1
<u>UNEMPLOYED:-</u>			
Not available for or not capable of work:-			
Aged 50 - 64 years .. .. .	3	7	10
" 65 and over .. .. .	10	20	30
TOTAL .. .. .	17	28	45

Table 4 (ii) - Class B - Persons mainly Industrially  
Handicapped (aged 16 and over)

	Males	Females	TOTAL
<u>EMPLOYED:-</u>			
Aged 16 - 20 years .. .. .	-	1	1
" 21 - 49 " .. .. .	2	-	2
" 50 - 64 " .. .. .	-	-	-
" 65 and over .. .. .	-	-	-
<u>UNEMPLOYED:-</u>			
Not available for work:-			
Aged 21 - 49 years .. .. .	-	-	-
" 50 - 64 " .. .. .	-	3	3
" 65 and over .. .. .	4	8	12
TOTAL .. .. .	6	12	18

Table 4 (iii) - Class C - Persons requiring  
Observation only (Age 16 and over)

	Males	Females	TOTAL
Aged 16 - 20 years .. .. .	-	1	1
" 21 - 49 " .. .. .	-	-	-
" 50 - 64 " .. .. .	-	1	1
" 65 and over .. .. .	4	2	6
TOTAL .. .. .	4	4	8

Table 4 (iv) - Class D - Children age 5 and  
under 16 years

	Males	Females	TOTAL
<u>EDUCABLE:-</u>			
Attending Special Schools .. .. .	-	-	-
" Other Schools .. .. .	-	1	1
Not at school .. .. .	-	-	-
<u>INEDUCABLE</u> .. .. .	-	1	1
TOTAL .. .. .	-	2	2

Table 5 - Persons registered under the Disabled  
Persons (Employment) Act, 1944

	Males	Females	TOTAL
Number of persons registered under The Disabled Persons (Employment) Act, 1944	6	3	9

Swansea & South Wales Workshops  
for the Blind

DEPARTMENTAL SURVEY

Basket Department:

This Department has been fully booked with orders during the whole of the past year but with the increased labour and material costs we are facing keener competition from imported basket ware and articles made of substitute materials.

The sudden death of the Basket Foreman, Mr. Slattery, was a severe blow to the Department and the Workshops in general.

Brush Department:

Once again we have secured large orders for heavy industrial brooms and brushes and also found an increasing demand for our domestic type brushes, mops, etc.

The installation of a third pitch pan has enabled us to train additional workers both blind and sighted severely disabled.

The modification to the lighting of the Department has proved most beneficial.

Mat Department:

There has been a very heavy demand for "special size" and "lettered" mats, so much so that it has been necessary on occasions to work overtime in order to minimise the delay in the completion of outstanding orders.

The mat-makers lost to the Department have so far not been replaced and this has considerably aggravated the position but we are hopeful of overcoming this problem in the near future.

Mattress and Upholstery Department:

This Department has had a fairly good year apart from six or seven weeks in September/October when we were without sufficient orders to keep the Department fully operative. However, workers were transferred to other Departments temporarily and unemployment was thus avoided.

The decision to purchase modern machinery for this Department was not proceeded with until the Ministry of Labour's decision regarding the future developments of the Workshops is known.

Flower and Box Assembly Department:

The Flower making section has been heavily booked with orders some of which total several millions.

The Box Assembly work has been rather intermittent owing to the seasonal falling-off of orders but the personnel employed on this work have been found employment during slack periods, making flowers.

Knitting and Knitwear Department:

There has been a regular flow of orders for all our knitwear and we have built up a large clientele for our bespoke outfits. It has been proved that our products not only wear well and keep their shape but they will stand up to repeated dry cleaning.

During the year we have increased our labour force in this Department by one "flat machine" knitter transferred from the Glamorgan Workshops and one "circular machine" knitter formerly employed by the latter board of management.



### Piano-tuning Department:

Both our piano tuners have been fully employed during the year but owing to the very severe weather last winter some of the contract work was not completed. All requests for private tunings however, were undertaken.

### Holidays:

The Workshops were closed for one week of the Annual Holidays which enabled the management to arrange for the whole of the Workshops to be thoroughly cleaned and essential maintenance carried out. The remaining week of the holidays was staggered.

### Sales:

The Retail Sales Department in Swansea Market has disposed of the bulk of our production of socks and stockings and a large proportion of our domestic basket work.

We were often unable to accept orders for mats owing to that Department's inability to cope with all the orders being received from other sources.

The "second sales" assistant retired at the end of 1962 and a new appointment was made. The sales staff have done an excellent job in disposing of approximately £3,000 worth of products of our own manufacture.

### Ministry of Labour Working Party Report:

The long awaited report of the Ministry of Labour's Working Party was published in October and many of its recommendations are revolutionary in character.

It is anticipated that in the not too distant future many changes in the pattern of employment in Workshops for the Blind will take place and we look forward with confidence that any proposed changes will be to the mutual benefit of both workers and the employing authority.

It is gratifying to report that a very amicable relationship exists between the workers representatives and the management.

### Social Activities:

The Wychtree Social Club has once again enjoyed a successful year though some of our former outside activities have been curtailed since the sad loss of Mr. Slattery.

The bowls team played regularly on Friday evenings weather permitting and various outings were arranged and were always very well attended.

The Wednesday evening dancing class has proved an immense success and is always very well supported by our blind workers and their friends.

The Christmas activities included a party for the kiddies with "Father Christmas" in attendance and a very realistic locomotive in which many youngsters enjoyed a ride.

The number of Journeymen, Journeywomen, Trainees and their respective Constituent Authorities as at 31st March, 1963 are given below.

Return of Disabled Workers for week ended 31.3.1963

# JOURNEYMEN AND JOURNEYWOMEN

Department			Swansea			Glamorgan			Carmarthen			Pembroke			TOTAL
			B	PS	S	B	PS	S	B	PS	S	B	PS	S	
Basket	..	..	4			7						1			12
Bedding	..	..	2			2	1		1			1			7
Brush	..	..	6	1	1	2									10
Mat	..	..	3			3									6
Piano-Tuning		..	1			1									2
Flower	..	..	2		1	2	1								6
Box Assembly		..	2		3										5
Knitting	..	..	3		1	3									7
TOTAL	..		23	1	6	20	2		1			2			55

## TRAINEES

[illegible]

ABBREVIATIONS:

B - Blind; PS - Partially Sighted;  
S - Severely Disabled Sighted.

The following figures are the average weekly earnings of the Journey workers for the year ended 31st March, 1963:-

Basket	..	£2	16	1
Bedding	..	£2	19	6
Brush	..	£2	14	8
Mat	..	£2	18	4
Piano-Tuning	..	£3	4	6
Flower	..	£2	1	3
Box Assembly	..	£1	15	0
Knitting	..	£2	0	5

These figures are for a working week of  $37\frac{1}{2}$  hours.

### Trading Figures:

The trading figures for the financial year ended 31st March, 1963 were: £21,666 as compared with £21,500 for the year ended 31st March, 1962.

I am indebted to our Consultant Ophthalmologist, Mr. F. G. Hibbert, for the following Report.

The Report is in two parts. The first part is an analysis of 77 cases of "Blindness" registered between January 1957 and May 1959, together with some comments.

The second part consists of his comments on the Ministry of Health pamphlet "The Prevention and Alleviation of Blindness" published in 1962 and a discussion of the practice in Swansea in relation to this pamphlet and the above series.

The Ministry of Health pamphlet appears in this Report as an Appendix.

### Analysis of 77 cases of "Blindness" registered between January 1957 - May 1959

#### CATARACT. 23 cases.

Inter- val	Case No.	Age	Sex	R.E.	L.E.		Refused Op.	Not fit Op.
2/1	12	100	F	**	**			
2/2	14	83	M	**	**			
-/1	15	83	F	***	***	Mors 2		
1/1	18	85	F	**	**		*	
1/3	20	79	M	**	**	Mors 2	*	
1/1	23	80	F	**	**			*
1/1	26	77	F	**	**	Mors 2	*	
5/5	27	85	F	**	**	Mors 2	*	
6/6	28	86	F	**	**	Mors	*	
4/4	33	94	M	**	**	Mors		*
1/1	34	82	F	**	**		*	Glauc. Op. successful R and L.
6/6	39	86	F	**	**	Mors		*
3/5	46	80	F	**	**			*
					No P.L.			
2/2	50	77	F	**	**			
2/1	56	62	F	**	**			*
6/4	57	66	F	**	**			Re-examine
4/4	58	82	M	Enucleated	**			*
4/4	60	80	F	**	**	Mors 1		*
4/4	63	84	F	**	**	Mors 2		*
5/5	69	70	F	**	**	Mors 2	*	
4/4	72	74	M	Successful Op.		Off Register 1961		
12/12	74	82	F	**	**			*
4/1	75	80	F	**	**	Mors 2		*

#### Age Distribution

<u>Up to 65</u>	<u>66 - 75</u>	<u>76 +</u>
1	3	19



## Comments

The simple geriatric problem is obvious from the table.

In one case cataract was bilateral and sufficiently dense to cause complete blindness. In all other cases the density of cataract was not sufficient to cause complete loss of vision. Nuclear sclerosis of the lens is responsible for the visual loss in all cases and corresponds with the advanced age group.

In nearly one half of the cases the general condition contra-indicated operation. No specific disease was responsible for this decision but in general poor general condition as evidenced by senile encephalopathy, vaso occlusive states and poor nutritional states.

Eleven cases died within two years of registration. In six of these cases general condition had not contraindicated operation.

The interval between onset of symptoms and date of visual failure shows variations between less than one year up to ten years.

It is felt that retention of visual field in nuclear sclerosis of lens enables many patients to live a restricted type of life with little difficulty.

This may account for several refusals to submit to operation. It is probably the case that considerable visual disability had existed for a long interval before registration.

Facilities exist for the testing of eye sight of persons in this age group.

Diagnosis of nuclear sclerosis of lenses may indicate operation on one eye at an earlier age, before deterioration of general condition occurs.

## Complicated Cataract

Seven cases included mixed diagnoses including iridocyclitis, glaucoma, and diabetes mellitus. Cases of cataract complicating simple glaucoma are not included, but are indicated in the table on glaucoma above.

## Chronic Glaucoma Simplex (Open Angle)

Group A. Uncontrolled. Needing operation.

Group B. Tension controlled by operation.

Group C. Tension not controlled by operation.

Group A. 3 cases. Ages 84, 61, 75.

Case 2. R. wide field, dense cataract.  
M. L. narrow field.

Case 68. R. enucleation. Mors 2 years.  
M. L. no field.

Case 66. R. and L. eye 3C  
F. Moderate cataract.

COMMENT. All these cases showed lack of control of tension. The tendency would be to progressive loss of visual field.

Group B. 10 cases.

Case No.	Age	Sex	R.E.	Cataract	L.E.	Cataract
5	81	M	3c	*	5	*
7	75	M	3c	**	4	*
11	77	M	1	**	3C	**
21	81	F	3c	*	5	*
32	68	M	4	*	4	Aphakic - Mors
71	69	M	5		2c	**
73	75	F	1	***	5	Mors

This table illustrates the complexity of the situation, the age grouping follows that of the 1956 report.

The coincidence of cataract is a principal cause of registration of persons with glaucoma.

Group C. Nil.

#### Classification

A degree of visual loss in cases of simple chronic glaucoma (open angle type). This is based on perimetric findings on Bjerrum Screen using isopters  $\frac{2 \text{ or } 3}{2000}$  white.

In the glaucoma clinic the routine is maintained and forms a sound basis for the estimate of field defects at any one time and provides a simple estimate of rate of progress of field changes.

#### Grading of visual field defects

1. Full.
2. Arcuate Scotoma    -    In upper field    a  
                              -    In lower field    b  
                              -    In both            c
3. Contraction to inner borders of Arcuate Zones  
                              -    In upper field    a  
                              -    In lower field    b  
                              -    In both            c
4.  $<10^\circ$
5. No useful field.

It is recognised that the position of the inner borders of the arcuate zones varies greatly between patients but the system of classification has none the less proved of great value.

#### MAGULAR DEGENERATION      19 cases.

Case No.	Age	Sex	Complication	R.E.	L.E.
3	78	M		*	*
16	73	F	R. Cataract Op. successful L. Cataract	*	?
19	76	F		*	*
22	69	F		*	*
24	74	M		*	*
29	90	F	Mors 2	*	*
30	75	M	Mors 2	*	*
31	76	M	L. Cataract Mors.	*	*
37	87	M	L. Cataract Mors.	*	?
38	82	M	R. Enucleation L. Cataract Mors.		*
41	87	F	Mors 2	*	*
45	88	M	Mors 2	*	*
48	70	F		*	*
49	83	M		*	*
52	84	F	Mors 3	*	*

Case No.	Age	Sex	Complication	R.E.	L.E.
55	87	F	Mors 2	*	*
61	62	M	R.E. No P.L. Injury		*
64	66	M	Mors 2	*	*
70	71	F	Diabetic Retinopathy L. Cataract	*	

#### Age Distribution

Up to 65	66 - 75	76 and above
1	6	12

#### Comment

The relation to geriatric problems is evident.

Ten cases died within three years of registration.

#### Other Diagnoses

Occlusion of retinal artery	2 cases	Aged 68 and 66 years
" " retinal vein	1 case	" 71 years
Opacity of Cornea	2 cases	" 76 and 71 years
Sympathetic ophthalmia	1 case	" 5 years
"Congestive" glaucoma	1 case	" 75 years
Retinitis	2 cases	" 24, 78 years
Detachment of Retina	1 case bilateral	" 55 years
Optic Atrophy	3 cases	" 22, 16, 7 years



Observations on Prevention and Alleviation of Blindness -  
Ministry of Health Pamphlet

1. Age group

In all three of the principal causes of registration under the Blind Persons Act, - glaucoma, cataract, macular degeneration, the age of registration is 70 years +.

A combination of two or three of these principal causes is frequent. This is an important factor in cases of glaucoma simplex successfully controlled by operation, with a useful visual field but a significant degree of cataract.

2. Death within three years of the date of registration is frequent, e.g. cataract cases eight of twenty three total.

Macular degeneration cases ten out of nineteen total.

3. Field defects in glaucoma simplex. The simple classification given is found to be extremely useful in assessing cases. In this connection, disability becomes severe in Groups 3 b where the lower field in each eye is lost. While the classification is applied to each eye separately the effective disability is determined by assessment of the visual fields of both eyes.

Comments on Standing Medical Advisory Committee Memorandum 1962  
entitled "Prevention and Alleviation of Blindness".

Para 2. Incidence. The pamphlet points out the increasing proportion of age group 70 years and over. This short series confirms this but leads to other more definite conclusions.

(1) Bilateral macular degeneration with central scotoma in a younger age group with no evidence of cataract may allow sufficiently useful vision to allow of work of a suitable nature and classification as partially sighted rather than blind.

The same condition in the age group 70+ is accompanied by cataract, nuclear sclerosis in type, in a high proportion of cases. The disability is then severe and registrable as "blind". Yet the density of cataract may not be such as to indicate cataract extraction operation were the maculas to be normal. Operation for cataract is often reasonable in such cases.

(2) Chronic simple glaucoma.

The age distribution attending the glaucoma clinic is much below that appearing in this series.

The coincidence of cataract with reduced visual fields in cases with stabilised ocular tension after operation is a principal factor in the cause of blindness in this older age group.

(3) Expectation of life. This short review demonstrates the limited expectation of life in roughly one half of cases registered.

Para 3. )  
Para 4. ) Retinopathy of prematurity with retrolental fibroplasia as the ultimate stage, has been considered in all prematurely born infants observed in the Hospital Service and Local Authority Service in this area. All such babies are referred for routine ophthalmic examination six weeks and twelve weeks after birth.

The incidence of major defects of vision in this group is very small.

Congenital Cataract. The impression is that the incidence in this area is low. Congenital nuclear cataract accounts for almost all such cases. The results of operative treatment are satisfactory. Continuous observation is needed to ensure efficient optical aid for distance and near vision.

Contact lenses are prescribed in an increasing number of children in this group. This is arranged through the Contact Lens Clinic of the Hospital Eye Service in this area.

Congenital nystagmus causes considerable disability for distance vision but the effect on near vision varies from nil to severe. Every case, therefore, is assessed separately for distance and near vision. If the near visual acuity is efficient, the prognosis for reading and education is essentially different from that when the near vision is poor. Steps are taken to guide the scholastic arrangements accordingly.

Assessment of Intelligence Quotient, personality, character and behaviour patterns, and dyslexia, are vital factors in the planning of educational needs and this Local Authority provides special clinics and facilities for the detailed study of individual cases.

#### Para 5. Strabismus.

The policy of maintaining very close liaison between the School Eyesight Clinic and the Hospital Service in this area has been justified by results.

Cases of strabismus are detected in a very early age group by the exercise of vigilance by staffs of baby clinics, Infant Welfare Clinics and School Medical Officers of the Local Authority, and staffs of the paediatric clinics of the Hospital Service

The Strabismus clinic at the Eye Hospital works in continuity with the Local Authority. An orthoptic service, pleoptic clinic for amblyopia, and follow up service have been developed.

Para 7. Cataract. The results of operative treatment justify a high operability rate and the low incidence of general complications after operation reduce general contra- indications to a very low level.

The importance of the service provided by ophthalmic opticians through the Supplementary Ophthalmic Service must be stressed. It is they who, in general, are most frequently in direct contact with elderly patients. It is felt that this aspect of the problem is of great importance. The waiting list for cataract operation in this area is maintained at a very low figure.

Para 8. Glaucoma. It is felt that this paragraph does not present the problem in its true light.

"The family doctor is the key figure in the detection of glaucoma in its earliest stages etc."

Experience has justified the development of a separate glaucoma clinic in the hospital out-patient department and tends to show that the detection of early cases of glaucoma depends upon the application of simple tests to a large proportion of "eye patients" in the appropriate age group.

A normal single tonometric estimate of ocular tension is not a safe indication of the absence of early glaucoma. This problem will be the subject of a separate report.

#### Para 9. Senile macular degeneration.

A partial sight clinic has been organised and has given good service in this area for some fifteen years. This clinic forms part of the Hospital Eye Service.

Para 10. Myopic children are examined at the School Eyesight Clinic at least annually. Contact lenses are provided through the Contact Lens Clinic of the Hospital Eye Service with excellent results.

Para 11. Diabetic retinopathy.

No definite advance has been reported in this field but some cases appear to respond to prolonged therapy with ROTIN, "Lipotriad", and minimal dosage steroid therapy. Diabetic clinics need routinely to study the fundi of all diabetic patients.

Para 12. Trauma.

Heat cataract. The disappearance of older methods of tinplate production appears to have reduced the incidence of this condition in this area. Statistics cannot be established but registration of such cases is reduced to an occasional case in an older age group.

Keratitis from pitch is now a rarity since the local patent fuel works ceased production.

Corneal injury from small foreign bodies sustained e.g. from grinding machines is far too common and indicates a persisting disregard by operatives of the dangers of failure to make use of simple protective measures.

Deaf-blindness in children constitutes a major problem. Close co-operation between the specialties concerned is needed but is often made difficult by the necessity for the child to attend several clinics in succession. Special educational needs may indicate residential education at a Centre, e.g. Condoover Hall under Mr. Myers.

Para 13. Hypertension. Close co-operation with Medical Outpatients Department is maintained.

Para 14. The Value of Registration and Rehabilitation.

This problem perhaps constitutes the most important aspect of this work. In this area, supervision by the Blind Welfare Officer is close. The development of even closer relationships with the hospital almoner system, the Ministry of Labour Placement Officer, the Education Department of the Local Authority, the Local Geriatric Service, the projected Medical Rehabilitation Centre and other special systems will, in time, enable every afflicted person to reduce the degree of disability to a minimum.



SECTION VIII.

Miscellaneous.

Nursing Homes.

The number of Homes registered pursuant to Section 187 of the Public Health Act 1936 remained at two, with a total of 31 beds, 13 of which are maternity beds.

Routine inspections are made by the Senior Maternity and Child Welfare Medical Officer.

Occupational Health.

During the year, 187 persons were medically examined by our medical staff prior to entry into the Authority's Superannuation Scheme. 9 were examined for other local authorities; 11 were examined by other local authorities at our request.

The results were as follows:-

	By Swansea Local Authority	By Other Author- ities.	For Other Author- ities.
Category 1 - First Class life ...	111	8	9
" 2 - Fit for appointment and no undue risk to fund ...	74	3	-
" 3 - Re-examination (ultimately to come into Category 1 or 2, or to be discharged).	-	-	-
" 4 - Unfit ...	2	-	-
TOTAL ...	187	11	9

Water Department Personnel.

As an essential precaution against the employment of carriers of cases of enteric or other intestinal diseases on water supply work, all new employees such as labourers, reservoir attendants etc., were first subjected to laboratory tests of urine, faeces and blood specimens. 101 such men were tested in 1962 and of these only one was rejected as a health risk; 5 withdrew their application for employment before their tests were completed.

# HOSPITALS.

Statistics for the year ended 31st December, 1962.

(Kindly supplied by the Secretary of the Glantawe Hospital Management Committee)

	Swansea Hospital (Including Annexes)	Morriston Hospital	Hill House Hospital	Stouthall Hospital	Fairwood Maternity Hospital	Mount Pleasant Hospital	New Hospital, Singleton Park, Swansea.
<u>BEDS.</u>							
Complement on 31.12.62.	412	501	120	33	16	252	
Average daily No. of beds available	392.84	454.32	112.96	32.37	16.02	252.27	
<u>IN-PATIENTS</u>							
No. in hospital on 31.12.61	228	334	71	2	10	198	
No. admitted during the year	7,936	8,285	1,813	404	513	2,389	
No. discharged and died	7,937	8,292	1,812	399	513	2,384	
No. remaining in hospital on 31.12.62	227	327	72	7	10	203	
Average no. resident daily throughout the year	319.00	370.84	60.10	21.32	11.13	206.95	
No. of patients awaiting admission on 31.12.62	589	695	-	-	-	32	
No. of births during the year:-							
a) Live	-	1,074	8	-	352	1,206	
b) Still	-	44	3	-	3	39	
<u>OUT-PATIENTS</u>							
No. of new out-patients	2,264	10,973	-	-	-	1,974	18,572
Total out-patient attendances	10,456	41,739	-	-	-	6,633	71,638
Total attendances in the Casualty Department	36,942	9,091	-	-	-	-	-

## SECTION IX

### H O U S I N G

#### INSPECTIONS

Total No. of houses inspected and recorded	6,111
Total No. of re-inspections of recorded houses	5,929
Premises other than houses inspected for nuisances	518
Owners or contractors interviewed	1,279
Applications for corporation houses	176
Common lodging houses - Day	1
Houses let in lodgings	24
Overcrowding	27
Housing Repairs & Rents Act - Mortgage Applications	275
" " " " - Improvement Grants	362
Local Land Charges Registry - Enquiries	2,078
Rent Act, 1957	53

#### NUISANCES ABATED - HOUSES

Walls repaired	95
Outside plastering repaired	56
Inside " "	47
Floors renewed or repaired	38
Floors ventilated	2
Roofs renewed or repaired	95
Chimneys repaired	126
Ceilings repaired	22
Doors and frames repaired	21
Window sashes or frames renewed or repaired	50
Window cords renewed	41
Staircases repaired	6
Grates or ovens repaired or renewed	18
Outbuildings repaired	6
Walls or ceilings cleansed and redecorated	15
Rooms treated for vermin	28
Overcrowding abated	10
Yard paving relaid or repaired	8
Nuisances from animals abated	2
Accumulations removed	61
Water taps or pipes repaired	4
Miscellaneous repairs and nuisances	47

#### NOTICES

Type	Served	Complied
Informal	423	295
Statutory	92	127
Total	515	422



## D R A I N A G E

### INSPECTIONS.

Sewers	71
Drains	303
Public Urinals	115
Cesspools	98
Drainage Survey	1,399

### NUISANCES ABATED.

#### DRAINAGE.

Drains tested - smoke	7
Drains tested - Chemicals	104
New drains constructed	142
Drains relaid	53
Drains repaired	86
Drains cleansed	85
Inspecting or intercepting chambers provided or repaired	12
Intercepting traps fixed	3
Soil pipes or ventilating shafts fixed or repaired	9
Gullies fixed	26
Troughs provided	4
Troughs trapped or waste pipes repaired	1

#### WATER CLOSETS.

Water closets reconstructed	39
Additional water closets provided	39
Lighting and ventilation improved	13
New pans and traps fixed	51
W.C.'s cleansed	41
Flushing apparatus provided	29
Flushing apparatus repaired	37
Miscellaneous repairs	33

#### CESSPOOLS.

Constructed	1
Abolished and house connected to sewer	7
Emptied	26

#### EARTH OR PAIL CLOSETS.

Abolished	6
-----------	---

## T E N T S, V A N S, S H E D S

### INSPECTIONS.

Tents, vans, sheds or similar structures	319
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### NUISANCES ABATED.

Removed	-
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## AMUSEMENT HOUSES

### INSPECTIONS.

Amusement places inspected	114
Public Houses	190
Clubs	101

### NUISANCES ABATED.

W.C.'s repaired	24
Ventilation improved	21
Cleanliness improved	22
Other repairs	16

## FACTORIES

### INSPECTIONS.

Non-Mechanical factories	- Bakehouses	40
	Bootmakers	7
	Dressmaking & Milliners	2
	Laundries	6
	Miscellaneous	61
Mechanical factories	- Bakehouses	51
	Bootmakers	1
	Laundries	3
	Miscellaneous	227

### NUISANCES ABATED.

	<u>Found.</u>	<u>Remedied.</u>
Want of cleanliness	16	10
Overcrowding	3	-
Ineffective drainage of floors	2	7
Sanitary conveniences	- Insufficient	17
	- Unsuitable or defective	17
Other offences	41	30

## MISCELLANEOUS.

### INSPECTIONS.

Gypsies	220
Schools	52
Swimming Baths	24
Tips	68
Accumulations	187
Back Lanes	139
Swine and other animals	7
Smoke or grit observations	886
Visits not classified	34

### MERCHANDISE MARKS ACT, 1926.

Visits	50
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PHARMACY & POISONS ACT

Visits 102

PET ANIMALS ACT, 1951.

Visits 12

PLANS EXAMINED.

Satisfactory 778

Unsatisfactory 125

COMPLAINTS TO:-

Water Engineer 82

Borough Engineer 85

INFECTIOUS DISEASES

Visits and re-visits 4,346

Stools taken 60

GASSINGS, SPRAYINGS, ETC.

Rooms disinfected 241

Rooms sprayed 371

RODENT CONTROL.

No. of Visits 6,233

Baits laid 32,494

FOOD AND DRUGS ACT, 1955

Milk and Dairies (General) Regulations, 1959.

The Milk (Special Designation) Regulations, 1960

The following tables show a comparison in relation to Registered Distributors and Dairies and Licenced Dealers under the above Regulations for the years 1958, 1959, 1960, 1961 and 1962.

	1958	1959	1960	1961	1962
1. No. of Dairymen	55	57	54	53	57
2. No. of Farmers	17	17	16	16	16
3. No. of Shopkeepers	124	181	192	173	162
	196	255	262	242	235

As the Borough is part of a "Specified Area" under the Act, only designated milk is being retailed, but special dispensation was granted by the Minister, as per Section 39 of the Food and Drugs Act, 1955, to allow one farmer to supply milk in his own area.



### Registered Dairies

There are 57 registered dairies in the Borough and 162 milk-shops. Regular inspections are made of these to maintain a high standard.

Farmer dealers are still controlled by the Ministry of Agriculture, Fisheries and Food.

### Visits

	1959	1960	1961	1962
1. No. of Visits made to dairies and milk-shops and interviews with purveyors.	560	545	515	472
2. No. of informal notices and verbal intimation given	16	18	10	12
3. No. complied with	16	18	10	12
4. No. in course of complying	-	-	-	-

### Processing Establishments

	1959	1960	1961	1962
1. No. of Licenced Pasteurising Establishments	8	7	5	5
2. No. of Licenced Sterilising Establishments	1	1	1	1

The licencing for this type of premises is made every five years and regular inspections are made of the premises, plant and records.

Samples are regularly taken of milk from all processing establishments and of designated raw milks and a comparison over three years is appended.

### Comparison of Milk Samples for the Years 1960, 1961 and 1962.

	1960	1961	1962
No. of Pasteurised Milk Samples	208	202	194
No. of T.T. (Past.) " "	136	125	117
No. of Tub. Tested " "	12	10	-
No. of T.T. (Farm Bottled) "	10	8	10
No. of Sterilised Milk Samples	72	80	85
	438	425	406

## Results of Tests of Formal Sampling of Designated Milks

	No. of Samples Taken			Satisfactory			Unsatisfactory		
	M.B.	Phos	Turb	M.B.	Phos	Turb	M.B.	Phos	Turb
Pasteurised	194	194	-	-	191	-	-	3	-
Sterilised	-	-	85	-	-	85	-	-	-
T.T. (Past.)	117	117	-	-	115	-	-	2	-
Tuberculin Tested	-	-	-	-	-	-	-	-	-
T.T. (Farm Bottled)	10	-	-	-	-	-	-	-	-
	311	311	85	-	306	85	-	5	-

The Regulations provide for the following tests to be carried out on Designated Milks:-

Pasteurised Milk	-	Phosphatase & Methylene Blue Tests
T.T. (Pasteurised)	-	Phosphatase & Methylene Blue Tests
Tuberculin Tested	-	Methylene Blue
Sterilised Milk	-	Turbidity Test

### Observations

It will be noted that the standard of milk which is being retailed in the Borough continues to be very high and reflects great credit upon those engaged in the trade. Samples from supplies of school milk were 9 and all proved satisfactory.

### Conclusion

In addition to the samples already mentioned, samples were taken for testing for the presence of tuberculosis and brucella abortus.

There were 22 samples taken and all proved negative.

### INSPECTIONS

Dairies and Milkshops	111
Milk Purveyors	629
Ice-cream premises and barrows	465
Restaurants and food preparing places	885
Butchers	723
Wholesale meat shops and stores	284
Butchers food preparing places	402
Other registered food premises	274
Fishmongers, wholesale and retail	131
Butter or margarine factories	4
Markets	236
Food stalls	2,925
Hospitals and institutions re. food	10
Provision shops and stores	764
Greengrocers and fishmongers	265
Food vehicles	211
Railway stations re. food	8
Fried fish shops	143
Slaughterhouses	638
Knackers' yards	27
Offensive trades	17
Complaints re. food	316

ICE-CREAM PREMISES - NUISANCES ABATED

Applications refused	3
Unsuitable premises discontinued	8
Washing-up sink provided	4
Premises improved	19
Limewashing or cleansing carried out	11
Ashbins provided	12
Other repairs	22

DAIRIES, COWSHEDS AND MILKSHOPS - NUISANCES ABATED

Milk samples obtained, Bacteriological	390
--	-----

FOOD SHOPS, KITCHENS, ETC., - NUISANCES ABATED

Washing-up sinks fixed	22
Cleanliness improved	20
Accumulations removed	2
Storage arrangements improved	35
Lighting or ventilation improved	22
Ashbins provided	4
Water supply provided	3
Old premises demolished or converted	18
New premises constructed	6
Impervious floors and yards laid	9
Floors and yards repaired	38
Walls repaired	35
Roofs, shutters and downpipes repaired	35
Drains cleansed	28
Drains relaid or repaired	16
New drains laid	8
New gully traps fixed	8
W.C. accommodation provided or improved	38
Washing facilities provided and improved	27
Other sources of contamination removed	24

FOOD VEHICLES - NUISANCES ABATED

Warnings regarding general cleanliness of vehicle, person or coverings	12
--	----

FRIED FISH SHOPS - NUISANCES ABATED

New ranges fitted	11
Washing-up sinks provided	12
Lighting and ventilation improved	10
Cleansing carried out	3
Drainage improved	10
Ashbins provided	10
Other repairs	4

OFFENSIVE TRADES - NUISANCES ABATED

Accumulations removed	3
Cleanliness improved	1
Floors and walls repaired	1

FOOD AND DRUGS ACT, 1955 - SAMPLES TAKEN

Milks	288
Solids	390
Bacteriological samples - taken	16
- satisfactory	16
- unsatisfactory	8



FOOD AND DRUGS RESULTS

Satisfactory	606
Unsatisfactory	54

PHOSPHATASE TEST (MILK)

Satisfactory	306
Unsatisfactory	5

METHYLENE BLUE

Satisfactory	311
--------------	-----

T. B. SAMPLES

Negative	22
----------	----

TURBIDITY TEST

Satisfactory	85
--------------	----

WATER RESULTS

Water supplies inspected	198
Water courses inspected	130

WATER SAMPLES

Bacteriological water samples - taken	143
- satisfactory	133
- unsatisfactory	10
Chemical water samples - taken	27
- satisfactory	24
- unsatisfactory	3

UN SOUND FOOD SURRENDERED AND DESTROYED

No. of Containers	Commodity	Tons	Cwts	Qtrs	Lbs.
752	Meat	1	3	3	20
1,656	Fruit	1	10	2	19
1,034	Vegetables	-	14	1	19
15	Milk	-	-	-	15
49	Fish	-	-	1	10
113	Squash Lemonade	-	-	-	-
<u>Miscellaneous</u>					
	Bacon	-	3	-	7
	Ham	-	11	2	11
	Meat	-	16	2	9
	Fresh Vegetables	-	7	3	21
	Poultry	-	1	1	8
	Cheese	-	4	1	5
	Lard	-	-	1	0
	Fresh Fish	-	6	3	7

SWANSEA ABATTOIR

Carcases and Offal inspected and condemned in Whole or in Part

	Description	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Tons.	Cwts.	Qtrs.	Lbs.
All Diseases except F.B. and Cysticercosis.	No. Killed	1,582	972	1,753	16,920	7,092	-	-	-	-
	Whole Carcases condemned	-	-	10	31	12	-	15	3	15
	Carcases of which some part or organ was condemned	-	190	-	99	399	1	8	1	16
F.B. only.	Whole Carcases Condemned	1	-	-	-	-	-	6	1	-
	Carcases of which some part or organ was condemned	-	-	-	-	105	-	9	2	18
Offal	Livers and Part Livers	-	1,727	8	1,811	1,578	15	-	-	-
	Heads	-	17	1	-	-		-	-	-
	Lungs	-	230	7	1,045	717		-	1	5
	Tripes	-	13	7	1	1		-	-	-
	Intestines	-	13	9	1	1		-	-	-
TOTAL ...							18	-	1	26

## PUBLIC CLEANSING

### Public Conveniences

The new public convenience at Port Tennant was completed and opened to the public.

Maintenance work, including painting, has been carried on throughout the year. Considerable repairs have been necessitated by wilful damage to various conveniences.

## TOWN PLANNING

### 1. Development Control

During the year 1,374 applications were deposited with the Authority for planning permission. This figure is made up as follows:-

Planning permissions granted	1,119		
Planning permissions refused	120		
	<hr/>		
	1,239	...	1,239
	<hr/>		
Consents to display advertisements	115		
Refusals	20		
	<hr/>		
	135	...	135
	<hr/>		<hr/>
			1,374
			<hr/>
			<hr/>

Enforcement action was authorised by the Council in 11 cases of unauthorised development. Of these, six complied with the formal notice. Further action was taken against two which resulted in successful hearings before the magistrates. In the remaining cases the development was either subsequently approved by the Minister or in an amended form by the Authority.

### 2. Planning Appeals

There were 17 appeals to the Minister against the decisions of the Authority. Of these, eleven were dismissed, two were allowed, five were withdrawn and in three of these latter cases amended permissions were issued after consultations with the appellants. During this same period there were four appeals under the advertisement regulations, three being dismissed and one allowed by the Minister.

### Other work of Interest

Internal checks on 686 properties for Improvement Grants or Mortgages were undertaken on behalf of the Borough Estate Agent and Valuer, 3,231 searches for the Land Charges Register and 3,000 additional enquiries were undertaken on behalf of the Town Clerk.



I am indebted to the Borough Engineer and Surveyor for the following reports in respect of his Department

SEWERAGE AND DRAINAGE

EXTENSIONS OF SEWERS AND SURFACE WATER DRAINS

FOR THE YEAR ENDING 31ST DECEMBER, 1962

L O C A T I O N	Size of Soil Sewer and length in yards			Size of Surface Water Sewer and length in yards				Length in Miles
	4"	6"	9"	6"	9"	12"	42"	
<u>On Corporation Housing Sites</u>								
Penfilia	-	48	474	41	224	126	-	0.52
<u>Other Sewers</u>								
Bwllfa Extension	-	157	-	-	-	-	-	
Western Road, Ynystawe	83	132	68					
Waters Terrace, Cockett	29	-	-	-	-	-	-	
Pentregethin Road	34	-	147	-	-	-	-	
Vicarage Road, Morriston	-	-	44	-	-	-	-	0.67
Castle Road, Mumbles	-	62	-	-	-	-	-	
Derwen Fawr Culvert	-	-	40	-	-	-	293	
Mill Lane, Blackpill	-	41	-	-	-	-	-	
Higher Lane	-	42	-	-	-	-	-	

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## CENTRAL AREA REDEVELOPMENT WORK

### ROADWORKS

Grove Place completed.  
Dyfatty Street started.  
Part of Orchard Street dual carriageway was completed including a long bus bay to accommodate Townhill and other services.

### BUILDINGS

#### Completed

2 Arcades.  
2 Supermarkets.  
Small store and retail shop.  
3-storey offices, Mansel Street.

#### Under Construction

Grove House.  
Dolphin Hotel.  
Some market perimeter shops.  
Restoration works at Metropole Hotel.  
Multi-storey flats at Brynmelyn.  
" " " Dyfatty

#### Demolitions

Various demolitions were undertaken along the route of Orchard Street, New Orchard Street and Dyfatty Street and at Orange Street and Wassail Square.

## INDUSTRIAL DEVELOPMENT

The main activity in building new industrial premises has been on the Trading Estate in Fforestfach where one new factory was completed during the year and five substantial extensions were added to existing premises.

The new factory completed has a floor area of approximately 10,000 sq. ft. while new extensions have a total floor area of approximately 60,000 sq. ft.

A new factory, floor area 22,000 sq. ft. is under construction in the South Dock area.

During the year extensive alterations and additions have been undertaken at the Swansea Vale National Smelting Works, this works is one of the oldest and one of the biggest employers of labour in the Borough. The extensions include a new office block as well as substantial extensions to the works itself.

Plans have now been approved for building development on the former North Dock area, these include a warehouse, and a large garage incorporating a service station and workshops.

The Dyffryn Works at Morriston closed during the year and work continued on the clearing of the Mannessmann site in order that it could be made available for redevelopment.

The work of the Lower Swansea Valley Project continued with the inquiry into the rehabilitation of the area of the Swansea valley, i.e. south of the Morriston/Llansamlet main road A.48. The old industrial buildings have been demolished by the Territorial Army and an extensive tree planting operation has been commenced. Work is continuing on the project.



# H O U S I N G

## HOUSE BUILDING

As forecasted last year, the number of dwellings completed reached the exceptionally high total of 1,070 houses.

Building schemes for a total of 10,554 dwellings in the post-war period were approved by the end of 1962 of which 9,382 had been completed, 733 were under construction and 439 waiting to be commenced.

The table underneath gives details of the numbers of dwellings completed during the years 1946 - 1962.

### POSITION RELATING TO APPROVED SCHEMES

(as at 31st December 1962)

Type of House	H O U S E S																		Under Construction	Approved but not yet commenced	Total of houses approved to Dec. 62.
	Y E A R																				
	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	Total			
Temporary Bungalows	510	377	104	-	-	-	-	-	-	-	-	-	-	-	-	-	-	991	991		
Traditional	84	104	178	218	217	137	218	440	311	300	147	366	165	62	239	172	524	3882	4962		
Non-Traditional	-	252	529	233	224	130	160	154	313	335	526	310	171	209	240	12	546	4344	4436		
War Damage Rebuilding	28	110	27	-	-	-	-	-	-	-	-	-	-	-	-	-	-	165	165		
TOTALS ...	622	843	838	451	441	267	378	594	624	635	673	676	336	271	479	184	1070	9382	10554		

RODENT CONTROL IN SEWERS

During the period April 1962 to April 1963, the treatment used was similar to that of the previous period.

Areas in which there was a high rat population were treated using SEWARIN 'P' until no further poison bait was taken by rats in that area.

The results are set out below:-

1st Baiting

	No. of M.H.'s Baited	Partial Takes	Complete Takes	Total Takes	No. Takes
FOUL	977	363	129	492	485

2nd Baiting

	No. of M.H.'s Baited	Partial Takes	Complete Takes	Total Takes	No. Takes
FOUL	492	203	4	207	280

3rd Baiting

	No. of M.H.'s Baited	Partial Takes	Complete Takes	Total Takes	No. Takes
FOUL	207	-	-	-	207

## W A T E R

### Bacteriological Samples of Water

During the year, 143 samples of water were taken and the following table indicates that 133 samples were very satisfactory, and that 10 samples were unsatisfactory or below standard.

	No. Taken	Satis- factory	Unsatis- factory
A. Public Supplies	134	129	5
B. Springs	9	4	5
C. Wells	-	-	-
	143	133	10

The five unsatisfactory samples from the Public Supplies were taken at points where the water was treated by the Water Department. Corresponding samples were taken at the same time after treatment by the Department, and the resultant tests proved to be satisfactory.

The unsatisfactory samples taken from springs were dealt with by the Department in advising users of the necessary precautions.

Of the 134 samples taken from Public Supplies, the following is a list of the individual sources of supply.

Velindre	1 (Raw water)
Bryngwyn Filter Plant - Inlet Supply (Unchlorinated)	1 ( " " )
" " " - Outlet "	1
Usk Reservoir	1 (Raw water)
Cray Reservoir	1 ( " " )
Nantyrllwyd Basin Supply	7
Cockett Supply	2
Townhill	8
Penlan	4
Clase	19
Clyne	27
Newton	6
Cwmdonkin	7
Cray Direct Borough Supply	5
Tir John Supply	21
St. Thomas	7
Morrison Mixed Supply	6
Dan-yr-Ogof Supply	7
Usk Supply	3 (Raw water)

Regular samples were taken at the various schools within the Borough and in every case were found to be satisfactory.

### Chemical Analysis of Water

Twenty-seven samples were taken for chemical analysis at the under-mentioned places:-

Velindre ... ..	2	Clyne ... ..	7
Newton ... ..	2	Cray Direct... ..	5
Usk Reservoir ... ..	3	Cwmdonkin ... ..	3
Cockett Reservoir ... ..	1	Springs ... ..	2
Penlan ... ..	1	Clase ... ..	3
Morrison Mixed ... ..	1	Dan-yr-Ogof... ..	2



### Residual Chlorine Tests

These tests were regularly carried out in conjunction with Bacteriological samples and in all cases were highly satisfactory.

Regular tests have been carried out at the Municipal Baths regarding the amount of residual chlorine in the water. It is gratifying to note that the break-point chlorination is still operating very satisfactorily at these Baths.

### Plumbo-solvent Action

It is gratifying to report that no plumbo-solvency occurred within the Borough.

### SWIMMING BATHS

There are two swimming baths for the use of the general public, also one for the use of Schools, Bishop Gore Grammar School, and one situated at Swansea University.

The water for all the above baths is derived from the mains supply.

Each bath is fully equipped for the filtration and chlorination as a continuous flow process, which, therefore, obviates the necessity of frequent changing of the water. Periodic checks have been observed for the break-point chlorination and pH readings in order to maintain a satisfactory sterilization, alkalinity and acidity standard within the region of 7.5 to 8.00.

At the Municipal Swimming Baths break-point chlorination was resorted to in order to maintain the free available chlorine between 1.5 and 1.8. The Department has kept close observations on these readings and the method was found to be very satisfactory.

### Bacteriological Examination

The waters of the above baths were sampled and reports indicated that the sterilization carried out was satisfactory.

### Chemical Examination

Twenty-seven samples were submitted to the Public Analyst and were found to be satisfactory, but the Public Analyst is of the opinion that the biological character of the Cray Supply would be much improved by filtration.

# Annual Report of the Public Analyst

for the year

1962

The work carried out for the County Borough of Swansea during the year 1962 is summarised in the following table, which shows the total number of samples examined and reported upon, and the headings under which they were classified:-

Under the Food and Drugs Act ...	...	...	...	652
For the Port Health Authority ..	...	...	...	23
For the Public Health Department				
Atmospheric Pollution:-				
Deposit Gauge Analyses ...	...	...	...	70
Lead Peroxide Candles ...	...	...	...	36
Water ...	...	...	...	24
Other articles ...	...	...	...	1
For the Weights and Measures Department				
Under the Fertilisers and Feeding Stuffs Act		...	...	4
For the Waterworks Department ..	...	...	...	176
For the Borough Engineers Department	...	...	...	1
From other sources ..	...	...	...	1
				<hr/>
				988
				<hr/>

## FOOD AND DRUGS LEGISLATION

The most important statutory duty of a public analyst is in connection with the Food and Drugs Act, 1955 and in particular with those sections of the Act and those Regulations made under the Act which relate to the adulteration of food and drugs, the contamination of food with injurious substances of a chemical nature, the labelling and advertising of food and drugs and the enforcement of standards.

Several new legal enactments and certain changes affecting the work of the laboratory came into force during the year under review and these are noted below.

### The Emulsifiers and Stabilisers in Food Regulations, 1962. (S.I. 1962. No. 720)

The regulations, which came into operation on 16th July, 1962, and implement the recommendations of the Food Standards Committee (1956) prescribe a list of emulsifiers and stabilisers that may be used in the manufacture of food, and prohibit the importation or sale of food containing emulsifiers or stabilisers not in the permitted list. The regulations further prohibit the sale or importation of flour containing any emulsifier or stabiliser, of bread containing any emulsifier or stabiliser except stearyl tartrate or partial glycerol esters and of cream or reconstituted cream containing any thickening substance. They provide that the above prohibitions shall not apply as respects a food containing an emulsifier or stabiliser if that emulsifier or stabiliser is naturally present in the food or is present by reason only of the use of the emulsifier or stabiliser in a tin greasing emulsion. Advertisements must be worded so that there is no danger of these substances being used as a substitute for fat or eggs. - The regulations also provide that where any food is certified by a public analyst as being food which it is an offence against the regulations to sell, that food may be seized and destroyed on the order of a Justice of the Peace as being unfit for human consumption.

The first schedule to the regulations sets out permitted emulsifiers and permitted stabilisers as follows:-

- Stearyl tartrate
- Complete glycerol esters
- Partial glycerol esters
- Partial polyglycerol esters
- Propylene glycol esters
- Monostearin sodium sulfo-acetate
- Sorbitan esters of fatty acids and their polyoxyethylene derivatives
- Cellulose ethers
- Sodium carboxymethyl cellulose
- Brominated edible vegetable oils



The Milk and Dairies (Emulsifiers and Stabilisers) Regulations, 1962. (S.I.1962.No.721)

These regulations which came into operation on 11th April, 1962 prohibit the sale of any liquid milk to which any emulsifier or stabiliser has been added.

These regulations are, in fact, superfluous since milk should always be sold as such and "as it comes from the cow," otherwise it would not be of the substance or quality demanded by the purchaser.

The Food and Drugs (Legal Proceedings) Regulations, 1962. (S.I. 1962. No. 1287)

The Milk and Dairies (Legal Proceedings) Regulations 1962. (S.I.1962. No.1288)

These regulations apply certain sections of the Food and Drugs Act, 1955 to a number of regulations made thereunder, and came into operation on the 27th June, 1962.

The explanation of these regulations lies in the fact that some sections of the Food and Drugs Act, 1955 use the words "Proceedings for an offence under the Act, or any regulations made thereunder," while other sections use only the words "Proceedings under this Act."

The Food Standards (Table Jellies)(Amendment and Revocation) Regulations 1962. (S.I. 1962. No. 1405)

These regulations provide for the revocation of the Food Standards (Table Jellies) Order, 1949, as amended, as from 12th July, 1963. It is understood that the reason why no standard will be enforced for table jellies in the future is that manufacturers found it impossible to agree on set formulations which complied with the previous standard. It is thought that the consumer will be adequately protected by requiring that the container should bear a label containing a true statement of ingredients and other particulars conforming to the requirements of article 4(1) to (3) inclusive of the Labelling of Food Order 1953.

The Milk and Dairies (Preservatives) Regulations 1962. (S.I. 1962. No. 1531)

These regulations prohibit the addition of any preservative to milk and the sale of any milk to which such an addition has been made

The Preservatives in Food Regulations 1962. (S.I. 1962. No.1532).

These regulations which came into force on July 26th, 1962 re-enact with amendments the Public Health (Preservatives etc. in Food) Regulations 1925-1958 and implement recommendations of the Food Standards Committee Report, 1959. A number of foods are added to the list of those at present permitted to contain preservatives and permit the use of some preservatives which have not hitherto been allowed in food.

The preservatives now permitted are sulphur dioxide, benzoic acid, sodium (or potassium) nitrate and nitrite, ortho-phenylphenol, methyl and propyl para-hydroxy-benzoate, sorbic acid and propionic acid.

The list of permitted preservatives and of specified foods which may contain those preservatives has been extended and some specified foods may contain a mixture of permitted preservatives within certain limits. The principal changes are that bread may contain propionic acid; cheese and marzipan may contain sorbic acid; flour confectionery may contain either or both; raw fish may contain tetracyclines; the skin of bananas may contain nystatin, and methyl and propyl para-hydroxy benzoate are permitted in a number of foods.

The regulations also provide, in common with many other regulations, that a food sold or intended for sale may, if a justice of the peace so orders, be condemned or destroyed, after a public analyst has certified that it contains a preservative other than one which has been permitted for use in food.

The Poisons List Order 1962. (S.I. 1962. No.2669)

In this order which came into effect on 31st December, 1962, a complete list of poisons, as amended by this order, is set out; many substances appearing for the first time. This Poisons List Order is made for the purposes of the Pharmacy and Poisons Act, 1933.



## The Poisons Rules 1962. (S.I. 1962. No. 2670)

These rules to take effect from the 31st December, 1962, have been made in pursuance of section 23 of the Pharmacy and Poisons Act, 1933. Under the amendment effected by Rule 2 of these Rules, it will no longer be permitted to sell by retail sodium and potassium arsenites except as an ingredient in a medicine or as sheep dip, and in particular in the form of potato haulm destroyers.

### Food Standards Committee Report on Canned Meat

This report, which has been long awaited by all Food and Drug Authorities, makes recommendations for standards of minimum meat content for different categories of canned meat products. The main conclusion was that there should be comprehensive raw meat standards for all products and the following were proposed:-

	per cent
Canned Meat ... ..	95
Canned Minced Meat ... ..	90
Canned Meat with jelly... ..	80
Canned Meat with gravy... ..	75
Canned Meat with sauce... ..	65
Canned Meat with cereal ... ..	80
Meat Loaf ... ..	65
Meat Loaf with stuffing ... ..	50
Canned Meat with vegetables ... ..	35
Canned Meat with pastry ... ..	45
Canned Meat puddings ... ..	35
Canned Meat pies ... ..	25
Canned Sausage ... ..	50
Canned pork sausage ... ..	65
Any other canned meat product ... ..	35

It is further recommended that on the label of all products there should be a clear declaration printed on the label and in any advertisements relating to canned meat.

### Food Standards Committee Report on Dried Milk

This report reviews the provisions of the Public Health (Dried Milk) Regulations, 1923, as amended in the light of the dried milk standards in the Code of Principles concerning Milk and Milk Products drawn up by the F.A.O. of the United Nations. The Committee recommend that the maximum butter fat content of dried skimmed milk should be reduced from 8% to 1.5% and that the use of the expressions "three quarter cream" and "quarter cream" should be discontinued and a declaration of fat content substituted. The committee also recommend that the labelling provisions of the regulations, apart from those on baby feeding, should apply to all containers and not only, as at present, to those of ten pounds or under.

### Food Standards Committee Report: (Hard, Soft and Cream Cheeses)

This report recommends that fat and moisture standards should be laid down for British varieties of hard cheese, fat-standards for cream and double cream cheese and fat and moisture standards for different types of soft cheese. They also recommend that it should be an offence to label or advertise soft cheese in any way so as to suggest that it is cream cheese or that it contains cream.

### Food Standards Committee Report: Mineral Oil in Food.

This report makes the following recommendations (a) that neither a ban on the use of mineral oils as lubricating agents nor an alteration of the tolerance would be justified (b) that the sealing of eggs with mineral oil should be permitted without any tolerance (c) that the use of paraffin wax on the rind of whole pressed cheeses should be permitted (d) that only mineral oil conforming to the B.P. specification should be allowed in food.

Although publication of the above reports of the Food Standards Committee do not commit Ministers it is hoped that the recommendations will be implemented in the near future. The provision of statutory standards is far more satisfactory than placing the onus of creating a local standard on the local magistrate, who would, of course, base his opinion on the evidence given both by the public analyst and the manufacturer.

#### SAMPLES SUBMITTED UNDER THE FOOD AND DRUG ACT

The total number of samples of food and drugs examined during the year for the County Borough of Swansea was 652. The fact that a sample is obtained under the provisions of the Food and Drugs Act does not prevent action being taken by appropriate Authorities under other legal enactments, and therefore, when the samples were examined and reported upon, regard was given to all relevant legislation.

The nature of the various articles submitted, the number of each kind and the numbers that were adulterated or otherwise unsatisfactory are shown in the following table.

Samples examined under the Food and Drugs Act during 1962

Nature of Sample	Number examined	Number unsatisfactory
Almonds, ground	1	-
Almond slices	1	-
Angelica, glacé	1	-
Apricots with rice	1	-
Baking powder	1	-
Beer, botanic	1	-
Beetroot	1	-
Brandy butter	1	-
Brandy snaps	1	1
Bread	1	1
Bubble gum	2	-
Butter	14	-
Butter walnut sandwich	1	-
Cherries, glacé	1	-
Chocolate drink	1	-
Chocolate éclairs	1	-
Chocolate pudding	1	-
Chutney, fruit	1	-
Cocktail savoury	1	-
Coffee	3	-
Colouring (food)	2	-
Corn relish	1	-
Cream	3	-
Cream puffs	1	-
Cumquats	1	-
Dessert powder	1	-
Doughnuts (Cream)	1	-
Dripping	1	-
Drugs and Medicinal Preparations:-		
Adhesive Plaster	1	-
Almond Oil	1	-
Ammoniated Tincture of Quinine	1	-
Analgesic Tablets	2	-
Antiseptic Pastilles	1	-
Aspirin	1	-
Aspirin (Junior)	1	-
Eucalyptus Oil	1	-
Glycerin	1	-
Halibut Liver Oil Capsules	1	-
Headache Tablets	1	-
Health Salts	1	-
Indigestion tablets	4	-
Laxative pills	5	1
Liquorice powder (Compound)	1	-
Liquorice Compound lozenges	1	-

Samples examined under the Food and Drugs Act during 1962 (continued)

Nature of Sample	Number examined	Number Unsatisfactory
Lung mixture	1	-
Morrison Balsam	1	-
Olive Oil	2	-
Petroleum Jelly	1	-
Rubbing Oils	1	-
Seidlitz Powder	1	-
Sleeping tablets	1	-
Slimming tablets	1	-
Sting lotion	1	-
Stomach pills	1	-
Throat lozenges	2	1
Vapour rub	1	-
Vitamin preparations	4	-
Yeast tablets	2	-
Zinc and Castor Oil cream	2	1
Fish, Creamed (canned)	1	-
Fish paste	1	-
Flavourings	4	-
Flour	2	-
Fruit, mixed	1	-
Fruit sponge pudding	1	-
Ginger Beer Extract	1	-
Ginger, crystallised	1	-
Glucose	1	-
Gravy Browning	2	-
Herbs	1	-
Honey	2	-
Horseradish sauce	2	-
Ice-cream	12	-
Jelly	2	-
Jelly crystals	1	-
Lemon Juice	1	-
Margarine	10	-
Marzipan	1	-
Meat and Meat Products	36	7
Milk	387	44
Milk, Appeal-to-Cow	2	-
Milk, Channel Islands	20	2
Nutmeg, ground	1	-
Paprika	1	-
Parsley, dried	1	-
Pease pudding	1	-
Peel, cut	1	-
Pepper	1	-
Pepper, cayenne	1	-
Pineapple cubes, glace	1	-
Potato dehydrated	1	-
Preserves	2	-
Raisins, stoned	1	-
Rennet	1	-
Rum sauce	2	1
Saccharin tablets	1	-
Sage, dried	1	-
Salt, gravy	1	-
Salt (Onion and Celery)	2	-
Sauce	4	-
Seasoning	1	-
Soft drinks	3	-
Soups	4	-
Stout (Home-Brewed) preparation	1	-
Sugar confectionery	21	-
Sugarless sweetener	1	-



Samples examined under the Food and Drugs Act during 1962 (continued)

Nature of Sample	Number examined	Number Unsatisfactory
Tea	6	-
Thyme, dried	1	-
Tomato sauce	1	-
Vegetable extracts	2	-
Vinegar	2	-
Totals	652	59

The total number of samples reported upon adversely was 59 of 9.0% of the samples examined. In the following table these figures are compared with those for the preceding seven years during which the percentage of unsatisfactory samples varied from 8.1 to 12.3 with an average of 10.2

Percentage of Unsatisfactory Samples 1955 - 1962

Year	Number of samples examined	Number adulterated or otherwise irregular.	Percentage adulterated or irregular
1955	553	64	11.5
1956	587	48	8.1
1957	608	54	8.8
1958	537	54	10.0
1959	390	48	12.3
1960	507	54	10.6
1961	444	52	11.7
1962	652	59	9.0

MILK

The total number of milk samples submitted under the Food and Drugs Act for the determination of compositional quality during the year was 409. Of these, 389 were samples of ordinary milk (including 2 "appeal-to-cow" samples) and 20 were Channel Islands Milk. They were taken in the usual way, by the official Sampling Officer of the Department of the Chief Public Health Inspector, not only at the point of sale to the consumer but also in the course of transit and/or delivery to the dairies concerned with its bottling.

None of the samples submitted contained either colouring or preservative.

Ordinary Milk - 389 samples

Number deficient in fat only	27 = 6.9%
Number containing added water only	13 = 3.3%
Number deficient in fat and containing added water	3 = 0.7%

Channel Islands Milk - 20 samples

Number containing less than 4% of fat	2 = 10%
Number containing added water	Nil

APPEAL-TO-COW SAMPLES - These are samples of Milk taken by a Sampling Officer after he has carefully supervised the milking of the cows. They are obtained for comparison purposes when a previous sample from the same source has been found to be unsatisfactory and the appeal-to-cow samples show the composition of the milk "as it comes from the cow."

During the year two such samples were taken in respect of informal and subsequently formal samples previously found to contain added water.

The composition of the "appeal-to-cow" samples was as follows:-

Sample No.	Fat per cent.	Non-fatty Solids per cent.	Total Solids per cent.	F.P. (H) °C.
J.549 - Morning Milk	2.55	8.13	10.68	-0.534
J.550 - Evening Milk	3.40	8.00	11.40	-0.530
Average (2 samples)	2.98	8.07	11.05	-0.532

The above table shows, once again, that the freezing point (hortvet) test is invaluable in proving whether or not a milk is naturally of poor quality or is of poor quality by reason of the addition of water.

ORDINARY MILK - The Sale of Milk Regulations, 1939 states that where a milk contains less than 3 per cent. of fat and 8.5 per cent solids other than fat (s.n.f.) it shall be presumed, until the contrary is proved, that the milk is not genuine. Therefore, in order to prove that the milk is genuine, it is necessary on the part of the vendor to show that it is "as it comes from the cow." However, it has been the custom for many years to apply the freezing point test to any milk sample suspected of being adulterated by the addition of water, because if the milk is genuine the freezing point is never nearer to zero than -0.530°C.

Of the 389 samples of ordinary milk examined, 140 (including two "appeal-to-cow" samples) contained less than 8.5 per cent. of non-fatty solids, but the Hortvet (freezing point) test show that only 16 of these contained added water, while the remaining 124 samples (= to 31.9 per cent. of all ordinary milk samples submitted) had normal freezing points and therefore were considered to be genuine but naturally poor in non-fatty solids.

Altogether 16 samples of milk were found to contain extraneous water. Five of these milks taken informally during the first quarter and containing between 0.5 and 2.0 per cent. of added water were followed up by formal samples No. J.518 - J.522, three of which were also found to be adulterated. A warning letter was sent to the producer by the Chief Public Health Inspector and further samples taken at a later date were found to be genuine. Another formal sample J.469 which contained 1.5 per cent. of added water was followed up by a formal sample which was genuine.

Another group of milks from the same producer (Samples No. J.552 - J.556) contained extraneous water ranging from 2 to 3.5 per cent. After a warning letter had been sent to the producer further samples were found to be genuine. One sample (J.260) taken in the last quarter contained 1 per cent. of added water but follow up samples were genuine.

All of the above adulterated milks containing relatively small proportions of added water suggest carelessness in the draining of the bottles, churns or processing plant rather than deliberate adulteration.

One formal sample (J.535), however, which contained 6% of added water was serious enough to take proceedings and the defendant was fined £5. with £7. costs.

Twenty-seven of the 389 samples of "ordinary" milks which did not contain extraneous water were deficient of fat. In most cases, however, these samples were taken from churns of raw milk in the course of transit and/or delivery to the dairies in the town concerned with its bottling and were described on the labels attached to the churns as morning milk. In all cases they were accompanied by samples of afternoon milk from the same producer so that the average fat content of each whole consignment was more than the presumptive standard of 3.0 per cent. Where the milk had been sampled at the point of sale to the consumer, that is, after it had been bulked at the dairies, the fat content was invariably satisfactory.



CHANNEL ISLANDS MILK - The presumptive standards laid down in the Sale of Milk Regulations, 1939 apply to all milk, but in addition the Milk and Dairies (Channel Islands and South Devon Milk) Regulations, 1956, require that the milk for human consumption sold under the special designation "Jersey Milk," "Guernsey Milk", "South Devon Milk" or "Channel Islands Milk" shall contain not less than 4.0 per cent. of fat. An extra charge may be made for such milk and in addition to being rich in fat is also rich in non-fatty solids (the protein containing fraction) which, from a nutritional stand-point is, the most important constituent of milk.

During the year 20 samples of Channel Islands Milk were examined for compositional quality. Only two samples were deficient in fat to the extent of 15 and 4 per cent. respectively. These were, however, morning milks being from 2 of three churns from the same producer, the average fat of the bulked milk being 4.53 per cent.

AVERAGE COMPOSITION OF MILK SAMPLES - The average composition of all the milk samples submitted during the year is given in the table below. The average composition of the Channel Islands Milk and of the ordinary milk samples (i.e. all the samples other than Channel Islands Milk) is shown also. Attention is drawn to the fact that the average compositions are calculated from the results of all samples, which include, as usual, the small proportion of adulterated samples.

Average Composition of Milk Samples, 1962

Variety	Number of Samples	Fat per cent.	Non-fatty solids per cent.	Total solids per cent.
Channel Islands Milk	20	4.68	8.99	13.67
Other Milk Samples	389	3.55	8.55	12.10
All Milk Samples	409	3.61	8.57	12.18

It is evident that the average composition of Channel Islands Milk is much superior to that of "ordinary" milk in respect of both fat and non-fatty solids.

In the next table the average composition of the "ordinary" milk samples for 1962 is compared with the figures for the years 1948 - 1961.

Average Composition of Milk Samples (excluding Channel Islands Milk), 1948 - 1962.

Year	Number of Samples	Fat per cent.	Non-fatty Solids per cent.	Total solids per cent.
1948	307	3.59	8.79	12.38
1949	255	3.53	8.76	12.29
1950	285	3.57	8.70	12.27
1951	299	3.47	8.64	12.11
1952	350	3.56	8.66	12.22
1953	403	3.61	8.67	12.28
1954	339	3.59	8.64	12.23
1955	372	3.58	8.67	12.25
1956	392	3.58	8.62	12.20
1957	367	3.65	8.63	12.28
1958	319	3.65	8.65	12.30
1959	267	3.55	8.57	12.12
1960	314	3.56	8.57	12.13
1961	322	3.64	8.52	12.16
1962	389	3.55	8.55	12.10

It will be observed that the quality is not very different from the three previous years.



# ARTICLES OTHER THAN MILK

During the year under review there were examined for the County Borough of Swansea under the Food and Drugs Act, 243 samples of food other than milk. They covered a wide range of articles and particulars of the thirteen samples (5 per cent.) that were reported upon adversely are tabulated below.

## Unsatisfactory Samples of Articles other than Milk

Article	Formal Informal or Private	Nature of Adulteration or Irregularity
Beef, Corned	Private	The inside of the tin was in a very unsatisfactory condition due to black staining of the inside of the tin and surface of the meat. No excessive metallic contamination was found.
Brandy Snaps	Informal	Labelling irregularity: Contained only 10% of butter-fat and therefore the voluntary declaration of ingredients was not stated in the correct order.
Bread	Private	Contained black particles consisting of fragments of slightly carbonised organic matter.
Hamburgers with vegetables and gravy	Informal	Contained only 25% of meat, whereas I am of the opinion that this product should contain at least 35% of meat (calculated as raw beef).
Laxative pills	Informal	Labelling irregularity: The ingredients were declared as percentages of the active ingredients whereas they should be declared as percentages of the whole pill.
Meat (loose)	Private	Possessed a slight putrifying ammoniacal odour.
Rum Sauce	Informal	The contents of this hermetically sealed bottle had fermented with the development of sourness and was under pressure in the jar due to the production of gas.
Sausage, Beef	Informal	Contained 540 p.p.m. of sulphur dioxide preservative
Sausage, Beef	Informal	Contained only 41% w/w of meat (calculated as raw beef) whereas in my opinion a beef sausage should contain at least 50% w/w of meat.
Sausage, Pork	Informal	Contained 540 p.p.m. of sulphur dioxide preservative.
Sausage, Pork	Informal	Contained only 58% w/w of meat (calculated as raw meat, allowing the meat to be 20% of beef), whereas in my opinion a pork sausage should contain at least 65% of meat (of which at least 80% should be pork).
Throat Lozenges	Informal	Labelling irregularity. The sample was not labelled with the name and address of the premises from which it was sold.

# Unsatisfactory Samples of Articles other than Milk (continued)

Article	Formal Informal or Private	Nature of Adulteration or Irregularity
Zinc and Castor Oil Cream	Informal	Contained 9% w/w of zinc oxide which was not evenly dispersed

The table includes examples of irregularities in the labelling of pre-packed articles of food, contravention of official or recommended standards of composition and the presence of extraneous matter in food. In each case the manufacturers were warned of the irregularity and where appropriate the remaining stocks were withdrawn from sale.

## ATMOSPHERIC POLLUTION

Measurements of atmospheric pollution have been made in Swansea since January, 1954. They are made at sites and with apparatus approved by the Department of Scientific and Industrial Research to which organisation the results are sent every month for collation and publication. Besides being of local interest, therefore, they are a valuable contribution to a nation-wide survey. Since the Clean Air Act, 1956 came into operation, these measurements have assumed even greater importance for they provide the only means of assessing quantitatively any improvement in pollution of the air resulting from the implementation of this Act.

A standard deposit gauge and a lead peroxide apparatus for the measurement of the activity of the sulphur gases in the air have been maintained since 1954 by the public health inspectorate under the general supervision of Mr. D. F. Jones, the Chief Inspector, at each of three sites, viz. the Scala Cinema in Pentreguinea Road, St. Thomas, at Church Road, Llansamlet, and at the Guildhall. In June, 1959, apparatus for the daily measurement of the amount of suspended matter (smoke) and the concentration of acid sulphur gases was installed and put into operation at Morriston, and in December, 1959 similar provision was made at Norton Villa Clinic, Mumbles. Two further sites were put into operation during 1962. One at Richard Thomas & Baldwins Ltd., Landore during October and the other at Llansamlet Clinic in November.

The deposit gauge is used to measure the rate at which atmospheric pollution is deposited and, by inference, the rate at which it is emitted into the air. It consists essentially of a glass bowl approximately 12 inches in diameter and of accurately known area, which drains the rainfall into a bottle of about 10 litres capacity, and after it has been exposed on the site for one calendar month the extent of pollution by deposited matter is determined by analysis of both the rain water and the insoluble matter collected. The full examination of the deposit includes the determination of the volume of liquid (rain) collected, its pH value, and its content of calcium, chloride and sulphate ions and of total dissolved matter; the undissolved matter is weighed and analysed for ash, "tar" (i.e. material soluble in carbon disulphide), and other combustible matter. The results are expressed in tons per square mile per month.

One of the most deleterious products of the combustion of fuels is sulphur present in the form of its oxides, mainly sulphur dioxide. Sulphur gases are discharged into the atmosphere with the chimney gases wherever fuel in the form of coal, coke, fuel oil or unpurified gases is burnt, and it is these invisible gases which cause such damage to man, property and vegetation. Their "activity of attack" is measured by a standard procedure involving the use of lead peroxide while the mean daily concentration of sulphur dioxide is determined by a volumetric method.

In the lead peroxide method a small porcelain cylinder or "candle" is coated with a lead peroxide paste which is allowed to dry. It is then exposed to the air for one month, after which it is analysed for sulphates since the sulphur dioxide taken up from the air is oxidised by the lead peroxide to sulphate. To protect the candle from rain and external damage during exposure it is housed in a louvered box. The results are expressed in empirical units, viz. milligrams of sulphur trioxide per day per 100 square centimetres of



standard lead peroxide exposed in the standard apparatus; they thus provide comparative data only, but they afford a means of comparing the intensity of pollution of the air by sulphur gases at different places and times, and they give useful indication of the relative effects of polluted atmosphere upon buildings, stonework, metals and paints.

The determination of the concentration of sulphur dioxide is combined with the daily measurements of the amount of suspended matter (smoke) in the air. The method used is to draw a measured volume of air through a white filter paper which collects the smoke and then through a bubbler containing a dilute neutral hydrogen peroxide solution which oxidises the sulphur dioxide to sulphuric acid. The acidity of the solution in the bubbler is determined each day by titration with standard alkali solution, and this is used to calculate the equivalent sulphur dioxide concentration in the air.

The filter paper collects the suspended impurity in the air consisting of particles almost all of which are smaller than 20 microns (0.002 cm.) diameter, which seldom, if ever settle as a deposit, and are often visible as "haze". Only these smaller particles are breathed into the lungs and are much smaller than the deposited matter measured in the deposit gauge. These particles appear on the paper as a uniform circular grey stain, the intensity of which is measured photometrically using a standardised reflectometer, and from the reading obtained the concentration of smoke in the air is calculated. The results are expressed as micrograms of smoke per cubic metre of air.

Measurements for 1962 - The monthly results obtained by analysis of the contents of the deposit gauges and of the lead peroxide candles at the St. Thomas, Llansamlet and Guildhall stations are given in Tables A, B and C.

Deposited Matter - It will be observed that at each of the three stations widely differing quantities of material are often collected in the deposit gauge in successive months. This is due to the fact that the rate of deposition of pollution in any one specified locality depends not only on the fuel consumed in that locality but also on rainfall, the strength and direction of the wind and other variable meteorological factors. Hence, only a small part of the difference is due to variations in the rate at which pollution is emitted. On the average over a long time, however, rainfall, wind, and the other meteorological variables are approximately the same, so that changes in the emission of atmospheric pollution can be detected. Experience has shown that reliable conclusions can be drawn from the data gathered at the same test-site over periods of five years, and for this reason it is the practice of the Department of Scientific and Industrial Research to issue periodically reports in which comparison is made of these five-yearly averages. In this way changes in the amount of atmospheric contamination can be determined and their significance can be statistically assessed. Trends in pollution are thus ascertained.



TABLE A. STATION I. - PENTRE-GUINEA ROAD, ST. THOMAS, MONTHLY RESULTS, 1962.

Type of Deposit	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
TOTAL UNDISSOLVED MATTER*	9.40	5.24	17.36	7.71	10.97	4.52	14.61	6.08	10.30	10.40	5.79	10.28
Tarry matter	0.18	0.07	0.26	0.23	0.03	0.14	0.19	0.15	0.44	0.20	0.13	0.17
Other combustible matter	3.43	1.38	4.13	2.23	2.64	1.67	4.90	1.59	3.11	2.93	1.50	2.99
Ash	5.79	3.79	12.97	5.25	8.30	2.71	9.52	4.34	6.75	7.27	4.16	7.12
TOTAL DISSOLVED MATTER	22.08	6.36	9.58	8.31	6.93	3.73	6.31	8.75	14.82	4.72	9.87	9.31
Calcium Ca <sup>++</sup>	0.87	0.60	1.22	0.65	0.92	0.74	1.34	0.75	0.36	1.36	0.65	1.01
Chloride Cl <sup>'</sup>	0.99	0.39	1.95	2.15	1.14	0.10	0.86	2.40	2.81	1.34	2.11	2.32
Sulphate SO <sub>4</sub> <sup>"</sup>	4.44	1.78	2.90	1.90	2.43	1.04	2.37	2.11	2.51	3.09	4.77	3.05
TOTAL SOLID MATTER DEPOSITED	31.48	11.63	26.94	15.02	17.90	8.25	20.92	14.83	25.12	15.12	15.66	19.59
Rainfall, in inches	5.24	1.97	2.76	2.91	3.03	1.10	2.17	4.60	4.33	1.54	3.23	2.72
pH value of filtrate from gauge	5.3	6.4	6.2	5.6	6.4	6.1	7.0	5.6	6.2	5.5	4.4	5.2
SULPHUR DIOXIDE expressed as milligrams SO <sub>2</sub> per 100 sq. cms. lead peroxide <sup>3</sup> per day	2.93	1.53	2.18	1.81	1.06	1.04	1.34	0.74	1.80	2.13	2.01	2.75

\*Deposited matter in tons/sq. mile

TABLE B. STATION II - CHURCH ROAD, LLANSAMLET. MONTHLY RESULTS 1962

Type of Deposit	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept	Oct.	Nov.	Dec.
TOTAL UNDISSOLVED MATTER*	10.64	7.96	7.50	5.80	11.29	4.80	8.22	3.30	7.64	4.93	3.23	6.81
Tarry matter	0.57	0.12	0.21	0.09	0.25	0.12	0.29	0.08	0.20	0.19	0.11	0.24
Other combustible matter	2.98	2.57	1.92	1.28	3.35	1.39	1.87	0.88	1.71	1.13	0.76	1.84
Ash	7.09	5.27	5.37	4.43	7.69	3.29	6.06	2.34	5.73	3.61	2.36	4.73
TOTAL DISSOLVED MATTER	22.23	6.45	10.40	8.70	6.99	4.12	5.76	9.39	11.14	5.32	7.23	6.94
Calcium Ca++	0.88	0.34	0.98	0.49	0.69	0.73	0.59	0.47	1.79	0.47	0.35	0.59
Chloride Cl'	1.00	0.41	2.25	2.06	1.03	0.07	0.88	1.60	3.35	0.86	1.54	2.25
Sulphate SO <sub>4</sub>	4.43	1.00	2.90	2.69	2.84	2.31	2.23	3.35	2.92	2.15	2.42	2.13
TOTAL SOLID MATTER DEPOSITED	32.87	14.41	17.90	14.50	18.28	8.92	13.98	12.69	18.78	10.25	10.46	13.75
Rainfall, in inches	5.63	2.09	2.56	3.54	3.23	1.30	3.15	5.35	5.40	1.65	4.02	2.72
pH value of filtrate from gauge	5.6	5.8	5.9	4.6	5.6	5.8	6.6	4.8	5.2	4.6	4.3	4.7
SULPHUR DIOXIDE, expressed as milligrams SO <sub>3</sub> per 100 sq. cms. lead peroxide per day	1.10	0.50	1.45	1.09	0.86	0.75	0.91	0.75	0.92	0.56	0.86	0.71

\* Deposited Matter in tons/sq. mile.

TABLE C. STATION III - THE GUILDHALL - MONTHLY RESULTS, 1962

Type of Deposit	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
TOTAL UNDISSOLVED MATTER*	3.78	1.79	7.84	3.64	5.90	1.96	4.09	1.71	4.01	3.77	2.19	4.79
Tarry matter	0.42	0.07	0.20	0.29	0.07	0.17	0.12	0.08	0.17	0.30	0.08	0.15
Other combustible matter	0.86	0.59	2.70	0.39	2.94	0.65	0.94	0.43	1.01	1.17	0.53	1.19
Ash	2.50	1.13	4.94	2.96	2.89	1.14	3.03	1.20	2.83	2.30	1.58	3.45
TOTAL DISSOLVED MATTER	20.40	4.10	6.82	6.49	3.70	1.89	4.07	6.40	16.24	5.81	7.68	8.50
Calcium Ca <sup>++</sup>	1.01	0.22	0.66	0.42	0.46	0.66	0.56	0.42	1.08	0.56	0.24	0.79
Chloride Cl <sup>'</sup>	2.72	0.27	1.00	2.01	1.45	0.10	0.84	1.88	2.11	0.71	2.52	2.11
Sulphate SO <sub>4</sub> <sup>"</sup>	2.80	0.93	2.67	1.44	1.38	0.52	1.37	1.44	2.16	1.76	2.15	2.31
TOTAL SOLID MATTER DEPOSITED	24.18	5.89	14.66	10.13	9.60	3.85	8.16	8.11	20.25	9.58	9.87	13.29
Rainfall, in inches	4.73	1.22	2.64	2.20	2.56	0.79	2.05	3.98	4.49	0.99	2.92	2.32
pH value of filtrate from gauge	5.3	5.1	5.4	5.9	6.4	6.3	6.8	6.0	6.2	6.2	4.5	5.2
SULPHUR DIOXIDE expressed as milligrams SO <sub>3</sub> per 100 sq. cms. lead peroxide per day	0.65	1.00	0.92	0.99	0.54	0.41	0.66	0.37	0.25	0.37	1.34	1.62

\* Deposited Matter in tons/sq. mile.



TABLE D.

SUSPENDED MATTER (SMOKE) CONCENTRATIONS. MONTHLY AVERAGES. 1962. Micrograms/Cubic metre

Month	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct.	Nov.	Dec.	Whole Year
Weekly Period	1-5	6-8	9-12	13-16	17-21	22-25	26-29	30-35	36-39	40-44	45-48	49-52	
<u>STATIONS</u>													
<u>Morrison Clinio</u> { Daily Average Highest Daily Value	* 174	* 174	* 74	* 53	* 76	* 22	13 34	7 32	8 22	35 181	61 120	* 254	*(25) 254
<u>Norton Villa Clinio</u> { Daily Average Highest Daily Value	115 366	66 128	73 117	55 126	* 66	15 50	26 45	21 70	39 110	79 330	118 256	84 377	63 377
<u>Richard Thomas &amp; Baldwins Ltd.</u> <u>Landore</u>	- -	- -	- -	- -	- -	- -	- -	- -	- -	48 244	78 231	* 280	*(63) *280
<u>Llansamlet Clinio</u> { Daily Average Highest Daily Value	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	84 156	68 273	*(76) *273

\* Insufficient number of results to give a true monthly average.

TABLE E.

SULPHUR DIOXIDE CONCENTRATIONS. MONTHLY AVERAGES, 1962, Micrograms/cubic metre

Month	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Whole Year
Weekly Period	1-5	6-8	9-12	13-16	17-21	22-25	26-29	30-35	36-39	40-44	45-48	49-52	
STATIONS													
<u>Morrison Clinic</u> (Daily Average (Highest Daily Value	*	*	*	*	*	*	13	9	16	35	50	*	*(25)
	165	137	62	39	50	31	34	25	50	85	108	118	165
<u>Norton Villa Clinic</u> (Daily Average (Highest Daily Value	91	75	94	73	*	53	50	45	67	88	136	102	79
	271	151	135	117	158	112	129	78	171	275	274	335	335
<u>Richard Thomas &amp; Baldwins Ltd., Landore</u> (Daily Average (Highest Daily Value	-	-	-	-	-	-	-	-	-	80	107	*	*(93)
	-	-	-	-	-	-	-	-	-	268	227	264	*268
<u>Llansamlet Clinic</u> (Daily Average (Highest Daily Value	-	-	-	-	-	-	-	-	-	-	77	71	*(74)
	-	-	-	-	-	-	-	-	-	-	150	227	*227

\*Insufficient number of results to give a true monthly average.

Table F below shows the total amounts of the various pollutants deposited at the three stations during 1962, while in Table G summaries of the results at each station are compared with those of the previous five years.

TABLE F.

Comparison of Results for the whole year 1962

Tons per square mile

Type of Deposit	Site No. 1. St. Thomas.	Site No. 2. Llansamlet.	Site No. 3. Guildhall.
TOTAL UNDISSOLVED MATTER	112.66	82.12	45.47
Tar	2.19	2.47	2.12
Other combustible matter	32.50	21.68	13.40
Ash	77.97	57.97	29.95
TOTAL DISSOLVED MATTER	110.77	104.67	92.10
Calcium Ca <sup>++</sup> ,	10.47	8.37	7.08
Chloride Cl	18.56	17.30	17.72
Sulphate SO <sub>4</sub> "	32.35	31.37	20.93
TOTAL SOLID MATTER DEPOSITED	222.46	186.79	137.57
Rainfall - in inches	35.60	40.64	30.89
pH Value of filtrate from gauge:			
Maximum	7.0	6.6	6.8
Minimum	4.4	4.3	4.5
Average	5.8	5.3	5.8

TABLE G.

Comparison of Yearly Rates of Deposition 1957 - 1962

Deposits as Tons per square mile

	1957	1958	1959	1960	1961	1962
<u>St. Thomas</u>						
Total Deposited Matter	306	301	238	229	232	222
Total Insoluble Matter	197	200	129	119	120	113
Insoluble Mineral Matter (Ash)	114	117	73	69	73	78
Rainfall - in inches	44	50	43	57	44	36
<u>Llansamlet</u>						
Total Deposited Matter	325	272	267	198	200	187
Total Insoluble Matter	172	136	141	92	103	82
Insoluble Mineral Matter (Ash)	115	88	88	60	59	58
Rainfall - in inches	49	56	45	62	47	41
<u>Guildhall</u>						
Total Deposited Matter	171	154	173	162	141	138
Total Insoluble Matter	73	66	67	62	47	45
Insoluble Mineral Matter (Ash)	46	40	36	36	29	30
Rainfall - in inches	37	48	40	51	31	31



Observations on Table G.

St. Thomas:- The gradual reduction in the insoluble deposited matter observed since 1956 continues with a further slight decrease during 1962.

Llansamlet:- The steady level of insoluble deposit at this site between 1956 - 1959 dropped to a lower level throughout 1960 - 1961 and a further slight reduction is shown during 1962.

Guildhall:- This deposit gauge is in a cleaner area than the St. Thomas or Llansamlet stations but there again the gradual reduction in the observed pollution has been maintained during 1962, and this insoluble deposited matter is the lowest recorded to date in the Swansea area.

Results published by the D.S.I.R. are now in the units of milligrams per square metre per day, but in practice the conversion from tons per square mile per year involves a simple multiplication of the old figures by a factor of 1.075.

The new units of measurement ( $\text{mg/m}^2\text{d}$ ) are preferable to the ones formerly used (tons per square mile) because although the latter conjured up a dramatic picture they gave a very misleading impression. A single gauge is able to provide information about grit and dust only within a very small area and certainly over nothing like a square mile.

It is found that the majority of gauges in urban areas give results between 50 and  $150 \text{ mg/m}^2$  day for insoluble matter. The yearly average for the whole country is  $113 \text{ mg/m}^2$  day.

The corresponding figures for St. Thomas, Llansamlet and the Guildhall for 1962 are 121, 88 and 48 milligrams per square metre per day respectively.

Active Sulphur Pollution during 1962

The results of the monthly measurements of the sulphur gases in the atmosphere by the lead peroxide method have been given in Tables A, B and C. This method of estimating sulphur gives a measure of the activity of attack of the sulphurous gases upon the buildings, building materials, paints and metals. A clean rural atmosphere will give an active sulphur pollution figure of approximately 0.25 milligrams of  $\text{SO}_3$  per 100 square centimetres of lead peroxide per day, while heavily polluted industrial areas give a figure of 5 or more. The seasonal and yearly average results obtained at the three stations for 1962 are shown in Table H, together with the average results for the years 1955 to 1961.

Table H.

Pollution by Sulphur Gases 1955 - 1962

YEAR	<u>Sulphur Dioxide</u> Average rate of absorption expressed as milligrams $\text{SO}_3$ per 100 square centimetres of lead peroxide per day		
	St. Thomas	Llansamlet	Guildhall
1955	2.34	0.91	0.96
1956	2.34	0.91	0.92
1957	2.16	0.96	0.74
1958	2.14	0.93	0.80
1959	2.24	0.76	0.84
1960	2.07	0.94	0.80
1961	1.91	0.89	0.68
1962	1.86	0.87	0.76
Summer Months 1962	1.30	0.88	0.54
Winter Months 1962	2.42	0.86	0.98

The downward trend in "Sulphur Dioxide Activity" has been maintained at all stations where the peroxide candles were exposed during 1962. These results reflect the successful measures taken by the Department of the Chief Public Health Inspector to reduce atmospheric pollution.

Smoke & Sulphur Dioxide Concentrations - The results obtained are summarised in Tables D and E. The apparatus for the determination of smoke and sulphur dioxide concentration are situated at Morryston Clinic and the Norton Villa Clinic, Mumbles, which commenced operation in December 1959. Those at Richard Thomas & Baldwins, Ltd., Landore and Llansamlet Clinic commenced in October 1962 and November 1962 respectively. The number of results available for 1962 in respect of the two latter stations are not significant, but for the sake of completeness they are included in Tables D and E.

In order to keep in line with the present D.S.I.R. practice the results are given for complete periods of four or five weeks. These periods correspond as nearly as possible to a calendar month. There are not sufficient results obtained at Morryston Clinic to give true average results for seven of the twelve periods and so the figures in brackets (in Tables D and E) given for the year 1962 are not truly representative.

The actual measurements are made by Public Health Inspectors (chiefly Mr. O. G. Davies) with guidance from your Public Analyst's Laboratory.

TABLE I.

Comparison of the Smoke and Sulphur Dioxide Concentrations  
during 1960, 1961 and 1962

	Smoke Concentration micrograms per cubic metre			Sulphur Dioxide Concen- tration micrograms per cubic metre		
	1960	1961	1962	1960	1961	1962
Norton Villa Vlinic						
Daily Average	30	28	25*	57	41	25*
Highest Daily Average	230	212	254	314	177	165
Morryston Clinic						
Daily Average	90	64	63*	86	78	79*
Highest Daily Average	580	420	377	371	283	335

\*Insufficient results to give a true average

The most recent figures available for the extent of pollution over the whole country are those for the years 1959 to 1960 and in reporting these results the country has been divided into regions. The average values of sulphur dioxide and smoke concentration for Wales and the South of England (which are included in one region) are 97 and 118 micrograms per cubic metre, compared with the Inner London Area of 274 and 219 micrograms per cubic metre respectively. The national average for all urban areas collating the results of some 500 instruments is 191 - 220 micrograms per cubic metre of sulphur dioxide.

It will be evident from Table I that the pollution at the two points of sampling in Swansea are well below the average for the region and about a quarter of the national average for all urban areas. It has been indicated that all the coals in use in the Swansea area can be classed as "Fuels of a Smokeless Type" and therefore it is not surprising that the pollution is well below the national average for urban areas.

MISCELLANEOUS SAMPLES

One hundred and seventy eight samples of water for the Waterworks department and fifteen for the Public Health Department were submitted for examination in connection with the control of the treatment and purification of the water supply under the control of the Water Engineer and Manager. They included samples from the Usk Reservoir, from the Bryngwyn Filtration Works before and after treatment, from the inlet to Clase Reservoir, from the Cray Reservoir after treatment at Nant-yr-Wydd Gauge Basin, from the Lliw Reservoir supplying Velindre, from the River Llyn-fell at Dan-yr-Ogor caves, from the town service reservoir, private dwelling houses, and other premises throughout the Borough. One sample was submitted in connection with a complaint of a sediment in the water. The complaint was justified, but the cause of the trouble was traced to the storage tank in the hotel where the sample was taken.



Four samples of swimming bath waters were submitted for analysis and found to be of satisfactory condition.

One private reservoir (used for industrial purposes) and a stream entering the reservoir, together with three fish pond waters were all found to be contaminated with fresh sewage. A sample of mains water was analysed for a private firm in connection with their industrial processes.

A sample of red dust collected from window sills was found to consist mainly of oxides of iron and zinc. Whilst it was obviously undesirable analysis did not reveal the presence of any particularly toxic material such as lead.

A sample of fatty material taken from a sewage works was submitted for analysis, by the Borough Engineer, and found to consist of tallow.

#### FERTILISERS AND FEEDING STUFFS

Four samples of feeding stuffs (two of which were formal samples) were submitted for analysis under the provisions of the Fertilisers and Feeding Stuffs Act, by Mr. F. W. Brown, Chief Inspector of Weights and Measures.

The Act requires "Statutory Statements" of composition to be given with fertilisers and feeding stuffs, and Regulations under the Act prescribes limits of variation between the statement and the actual composition of the article.

All the samples except one complied with the particulars given and were correct within the limits of variation permitted by the Regulations.

Only one sample contained a slight excess of oil and was not considered to be to the prejudice of the purchaser.

No samples of fertilisers were submitted for analysis during the year.

#### PORT HEALTH AUTHORITY

Twenty three samples of imported foodstuffs were submitted for examination by the Chief Public Health Inspector of the Swansea Port Health Authority. This number represents a considerable increase as compared with previous years. They comprised the following articles:-

Apricots (canned)	1	Preserves:-	
Blackberries (canned)	1	Apricot Jam	1
Blackcurrants (canned)	1	Cherry Jam	1
Cream (Sterilised)	7	Strawberry Jam	1
Flour (Canadian)	1	Raspberries (canned)	1
Ham (canned)	2	Strawberries (canned)	2
Lard	1	Tomatoes (canned)	1
Plums (canned)	1	Tongue (canned)	1

Most of these samples were found to be satisfactory but since imported goods have to comply with all the Statutory Regulations governing food in this country it is worth mentioning those which were regarded as unsatisfactory.

One sample of sterilised cream contained only 19.4% of milk-fat instead of 23% as required by the Food Standards (Cream) Order, 1951. Further samples, however, were genuine.

One sample of apricot jam was slightly below the required standard.

#### PERSONAL

This report provides me with an opportunity to express my appreciation to the Medical Officer of Health and the Public Health Inspectors for their willing co-operation in all aspects of food and drug control.



## APPENDIX.

### THE PREVENTION AND ALLEVIATION OF BLINDNESS

Prepared by The Standing Medical Advisory Committee  
for the Central Health Services Council and the  
Ministry of Health.

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1. Summary. The number of registered blind and partially sighted persons in England and Wales is rising steadily. Recent information further indicates that earlier and more effective treatment would prevent the occurrence, retard the progress or alleviate the symptoms of some of the pathological conditions which endanger vision during childhood, during the years of active life and in old age.

Detrimental factors in the etiology of the commonest eye affections occurring in these three age groups are noted. The medico-social implications of severely impaired vision are briefly discussed.

2. Incidence. The statutory definition of blindness is "so blind as to be unable to perform any work for which eyesight is essential". In actual practice this is generally interpreted as vision of 3/60 or less. Most registered blind have some degree of vision, and only less than 5 per cent of the newly registered are totally blind, i.e. have no perception of light.

The total number of registered blind persons for England and Wales on 31st December, 1960, was 97,469 (39,965 males, and 57,504 females) of whom 2,272 (2.3 per cent) were under 16 years and 82,223 (84.4 per cent) were over 50 years. The number of registered blind has been rising steadily for many years, the increase being most marked in the higher age groups. In 1960, 71.3 per cent of all newly registered were aged 70 years and over, more than half of whom were aged 80 years and over. The marked increase in the number of aged blind is largely accounted for by the increasing number of aged in the general population, but, as old age by itself does not cause blindness it is likely that we are also dealing with an accumulation of cases of blindness due to causes that are more susceptible to treatment at an earlier age. Most of the elderly blind are referred for registration by the National Assistance Board or other lay authority. In the elderly, failing vision (and hearing) may be too readily accepted as inescapable and in the absence of complaint by the patient remediable defects may escape detection.

The number of registered partially sighted persons was 24,239 (9,304 males and 14,935 females), 2,292 were under 16 years (approximately 9.5 per cent) and 17,614 (approximately 72.7 per cent) were over 50 years.

3. Infancy. Blindness due to infections such as ophthalmia neonatorum and syphilis has virtually disappeared, and the commonest causes of blindness in young children are congenital abnormalities. Owing to improved obstetric practice and the rising survival rate of all infants, including children with various congenital deformities and premature infants of low birth weight, the number of children with congenital abnormalities of the eye who survive may tend to increase until further research into etiology leads to more certain methods of prevention. It is known that maternal rubella in the first three months of pregnancy may produce congenital defects and other maternal conditions later in pregnancy such as toxæmia, uterine haemorrhage and any condition leading to foetal anoxia or neonatal jaundice may have similar effects, though less is known of this. Some of these factors may be reduced by better obstetric care, but even where prevention has failed, alleviation may still be possible. Some abnormalities of development of the eye are untreatable, but for the commonest, congenital cataract, much can be done by surgery and therefore early diagnosis is important.

Retrolental fibroplasia, a disease affecting premature infants, particularly those of very low birth weight has shown a gratifying decline in recent years, since it was conclusively shown that the great majority of cases followed exposure to excessive concentrations of oxygen in the earliest weeks of life.

4. The Young Child. Blindness, like any other serious handicap in a young child, presents a great temptation to parents to over-protect the sufferer and so to limit his prospects of development and achievement to an extent which his defect need not impose. There is great need to impress on parents and other adults that babies who are blind are capable of development so near to normality that a degree of independence and a high level of usefulness as members of society can be achieved. Children with this handicap are subject to even greater frustrations from an attitude of over-protection than are normal children, and it is important, therefore, that those in a position to advise parents should encourage full development of the child's potentialities. In order that all possible help and advice may be given as soon as possible, it is desirable that blind infants and children should be referred to the local authority (County Council or County Borough Council), who are responsible for providing welfare services for blind and partially-sighted persons, for certification and registration as soon as the blindness is definitely recognised. These authorities as local education authorities are also responsible for education which in relation to blind children may be made available from the age of two years.

5. Strabismus. Strabismus provides another serious problem in early childhood. The eyes normally function in complete unison by five to six months, so that, after this age, even a slight or transient squint should be referred for expert opinion. In the past, squint operations were generally not undertaken until late in childhood, and it was hoped that children would "grow out" of the squint, making operation unnecessary. These procedures led to many squinting eyes developing gross loss of vision, and surgery could at best give a cosmetic result only. For the modern methods of treatment of squint, no child is too young and the aim of treatment is the restoration of normal sight, a normal appearance and the establishment of binocular vision. The main function of the family doctor, the school health department and the maternity and child welfare department is to secure early reference for specialist diagnosis. It must always be borne in mind that some serious underlying cause may be present, e.g. cerebral palsy or neoplasm.

6. Adults. In the elderly, three affections, cataract, glaucoma and senile macular degeneration between them account for approximately 80 per cent of new registrations. New registrations in the years of active working life between 16 and 65 years show myopia, diabetes and trauma as the most significant conditions. These six affections therefore need special consideration.

7. Cataract. Although a small proportion of cataracts is congenital, traumatic or diabetic in origin, most are senile in type. Since treatment undertaken at the right time can restore a large measure of useful vision in the great majority of cases, it is disquieting to find that some 80 per cent of persons registered as blind from cataract have had no treatment. The old teaching that no operation can be done until the cataract is "ripe" is no longer valid. Modern methods of cataract surgery enable the cataract to be removed before vision is seriously reduced. Family doctors and the medico-social services can, therefore, assist by early reference for expert opinion and supervision if necessary. The hospitals, for their part, should make special efforts to reduce the waiting time of those patients needing operations.

8. Glaucoma. The etiology of primary glaucoma remains obscure, but treatment in the early stages offers considerable hope of relief, and recently new drugs have given promising results. It is therefore all the more perturbing that some 40 per cent of those registered as blind from glaucoma have had no treatment. Effective treatment of this serious condition depends almost entirely upon early referral by the family doctor, since it is to him that the patient usually first reports his symptoms, if he reports them at all. Chronic simple glaucoma may be accompanied by no clamant symptoms of any kind and the classic symptoms of misty vision, pain and coloured "halo" effect are characteristic of congestive glaucoma. The first eye often becomes completely blind, without the patient realising it, his attention only being drawn to his disability when the second eye becomes seriously affected. The family doctor would, therefore, be wise to refer for expert ophthalmological opinion any person whose



symptoms of visual disability, however vague and indeterminate, might be attributable to glaucoma. The family doctor is the key figure in the detection of glaucoma in its earliest stages for it is he who has the first opportunity of suspecting this condition in the patient, and the success of any treatment depends greatly on close co-operation between him and the hospital ophthalmic department. Ophthalmic medical practitioners and ophthalmic opticians should refer, with a view to investigation, any doubtful case seen for sight testing, particularly any patient in the susceptible age group whose visual defect is not clearly a refractive error only.

9. Senile Macular Degeneration. This is a composite group of lesions which may be vascular or degenerative. They are not so common in the elderly, as the name would imply but they tend to develop insidiously, resulting in a gradual loss of central vision. The progress of the disease is slow but it is usually found that both eyes are affected. Patients can generally manage to move around in familiar surroundings but experience increasing difficulty with fine work and reading; this difficulty has been alleviated in recent years to some extent by the new types of visual aids such as spectacle magnifiers which are really strong magnifying lenses mounted in spectacle frames, and telescopic spectacles which resemble opera glasses and can, again, be mounted in spectacle frames.

10. Myopia. Myopia is the fourth largest cause of blindness. It contributes between 15 and 20 per cent of all cases of blindness in the decades between 40 and 70 years. The common type of myopia is merely a refractive error and does not produce any serious complications. Blindness is caused by the high degrees of myopia which are often present in childhood and progress rapidly, leading to blinding complications in middle-age. This form of myopia is often hereditary. All myopic children require supervision - the low myopes to obtain adequate glasses, the high myopes for expert management.

11. Blindness from Diabetes. This similarly occurs during the active years, and it is now generally agreed that early and efficient control of the diabetes offers a hope, but by no means a certainty, of avoiding, some of the complications. Family doctors, bearing in mind the possibility of retinopathy and cataract may, by systematically reviewing their diabetic patients at regular intervals, contribute towards preventing blindness from this cause.

12. Trauma. Although there are more females than males on the register, trauma accounts for many more cases among men. The figures show that 7 to 10 times as many men as women are blinded from accidents, principally in the active years. Many hundreds more lose the sight of one eye as a result of trauma or exposure to hazards both industrial and non-industrial. These hazards include not only such direct injuries as flying splinters, but also exposure to intense light and heat, in such processes as welding, and to certain chemicals used in industrial processes. In all cases treatment is urgent because of the danger of infection and, in the case of perforating injuries, also of sympathetic ophthalmia.

Deaf-blindness constitutes a numerically small but individually grave problem. In the young child it is usually the result of early pre-natal infection (rubella) or of very premature birth, and is sometimes associated with other congenital malformations. Apart from these early cases, deaf-blindness is mainly a problem of old age. Since the onset of both disabilities is usually insidious, the family doctor can do most to stave off the more distressing effects of this double disability by referring the patient for expert advice as soon as possible, and by urging him to persevere with treatment. He should also be encouraged to learn to practise whatever form of communication (Braille, sign and manual language or typing) remains available to him, so that he may be able to maintain those normal relations with



other people upon which so much of human happiness and usefulness depend. The whole question of deafness and blindness in relation to mental illness needs further research, but it is obvious that the deaf and the blind must be kept in touch with reality by every possible means. (Note the Ministry of Health's companion memorandum on the Prevention and Alleviation of Deafness).

13. Retinopathy of Hypertension. In the less severe forms of hypertension, retinal arteriosclerosis with small haemorrhages and exudates are occasionally seen. With the development of effective hypotensive drugs, the prognosis in these cases is now much improved provided that treatment is started at an early stage. The graver form of hypertension (so-called "malignant" hypertension) in which there may occur rapid visual deterioration, due to extensive retinal haemorrhages and exudates with papilloedema, is a medical emergency and requires immediate and expert treatment.

14. The Value of Registration and Rehabilitation. In all cases of blindness and partial sight, whether they occur in childhood, middle life or old age, it is important that the disabled should be encouraged to become and remain active and independent in body and mind, and socially acceptable in dress, table manners and general behaviour. Relatives of blind children and old persons, through anxiety or mistaken kindness, tend to over-protect them restricting their activities, waiting on them and leading them about, so that they gradually become socially isolated, physically handicapped, mentally sluggish and emotionally dependent. The family doctor and the various home visitors concerned can do much to prevent this deterioration by their timely advice and friendly supervision.

County Councils and County Borough Councils have a duty to promote the general social welfare of registered blind and partially-sighted persons and to assist them to obtain benefit under the various enactments providing facilities for education, training and employment. Active employment or re-education is of the greatest importance to all age groups, and can also be promoted through the voluntary agencies concerned and the Disablement Resettlement Officers of the Ministry of Labour.

The need for periodic reassessment not only of the patient's visual condition but also of his hearing and ability to use his hands and to move about, should not be forgotten. Appropriate ophthalmic surgery, the provision of a hearing aid or timely physiotherapy may do much to delay or mitigate total disability.







